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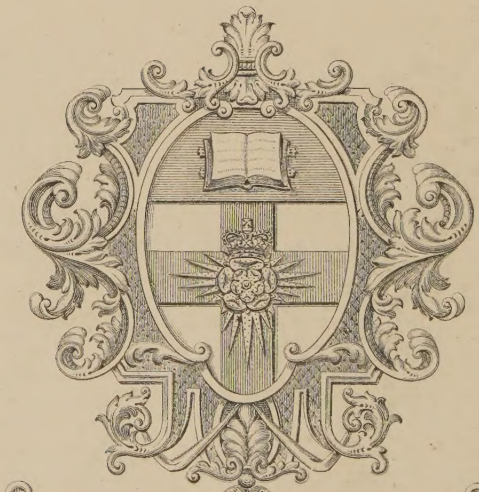

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605318

REPORTS

FROM

COMMISSIONERS:

FIVE VOLUMES.

—*(3.)*—

LUNATIC ASYLUMS (SCOTLAND).

Session

3 *February* —— 21 *March* 1857.

VOL. V.

'ORTS FROM COMMISSIONERS:

1857.

'IVE VOLUMES:—CONTENTS OF THE

THIRD VOLUME.

HE Figures *at the* beginning of the line, *correspond with the* N° *at the* Report; *and the* Figures *at the* end of the line, *refer to the* MS. Paging *es arranged for The House of Commons.*

LUNATIC ASYLUMS (SCOTLAND):

ORT of Her Majesty's Commissioners appointed to inquire o the State of Lunatic Asylums in *Scotland*, and the existing w in reference to Lunatics and Lunatic Asylums in that rt of the United Kingdom; an Appendix - - - p. 1

PPENDIX to the Report by Her Majesty's Commissioners appointed to inquire into the State of Lunatic Asylums in *Scotland*, and the existing Law in reference to Lunatics and Lunatic Asylums in that part of the United Kingdom - 293

SCOTTISH LUNACY COMMISSION.

REPORT.

The principal object of this Map is to mark conspicuously the localities of the Chartered Asylums. The other houses receiving insane patients are also inserted, so that the whole of the existing provision for Lunatics in Scotland is shown. The remoteness of many districts, especially in the northern and north western Counties, from every description of accommodation for the Insane will appear at a glance. It should be borne in mind, that at Inverness, a few cells in the basement of the Infirmary constitute the only provision there.

Scottish Lunacy Commission.

REPORT

BY

HER MAJESTY'S COMMISSIONERS

APPOINTED TO INQUIRE INTO THE STATE OF

LUNATIC ASYLUMS IN SCOTLAND

AND

THE EXISTING LAW IN REFERENCE TO LUNATICS AND LUNATIC ASYLUMS IN THAT PART OF THE UNITED KINGDOM.

WITH AN APPENDIX.

Presented to both Houses of Parliament by Command of Her Majesty.

EDINBURGH:
PRINTED FOR HER MAJESTY'S STATIONERY OFFICE,
BY THOMAS CONSTABLE.
1857.

NOTE.—*An Index, embracing the Report and Appendix, is placed at the end of the Appendix.*

EDINBURGH : T. CONSTABLE, PRINTER TO HER MAJESTY.

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„ 93, foot of 7th column of table, *for* 44.20 *read* 44.72.
„ 115, 3d line of last column of table, *for* 12.23 *read* 12.01.
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REPORT

OF THE

ROYAL LUNACY COMMISSION FOR SCOTLAND.

Introduction.

MAY IT PLEASE YOUR MAJESTY,—Your Majesty having been graciously pleased to command us, by a Commission dated 3d April 1855, to inquire into the Condition of Lunatic Asylums in Scotland, and the existing State of the Law of that Country in reference to Lunatics and Lunatic Asylums, we beg leave to report, that, in accordance with our instructions, we proceeded at once to discharge the duty devolved upon us.

We met at Edinburgh on 1st May, and forthwith commenced to visit the various establishments for the reception of the Insane. We, at the same time, issued requisitions, addressed to various public authorities, calling for information on all matters which it appeared to us necessary to investigate, and, in virtue of our powers, summoned before us, for examination, various persons, whom we considered fitted, by office or experience, to

Introduction.

assist us in our inquiry. The knowledge we thus obtained soon led us to perceive, that, for the satisfactory execution of our Commission, it would be proper to extend our researches into the condition of the Insane throughout the whole country, whether placed in asylums or elsewhere. The measures which we adopted to accomplish this purpose, will appear in the course of our Report; but we take this opportunity of acknowledging our obligations to the various Legal Authorities; the Board of Supervision for Relief of the Poor, and Parochial Inspectors; the General Board of Prisons, and Governors of prisons; the Secretaries and Superintendents of public asylums; and to many of the Proprietors of private asylums, for the willing and ready manner in which they aided us in our inquiries.

Order of Report of Commissioners.

In proceeding to state the result of our investigations, it appears to us, that the simplest and most perspicuous method we can adopt is, to submit to your Majesty—

First.—An abstract of the existing law of Scotland on the subject of lunacy, both as regards the custody and treatment of the persons of lunatics, and the care and management of their property.

Secondly.—A statement of the numbers of lunatics at present in Scotland, and of the manner in which they are distributed.

Thirdly.—A description of the nature and extent of the accommodation provided for the insane, whether in public asylums, or private establishments recognised by law; together with an account of the condition of these

establishments, and of the treatment of the lunatics confined in them. Introduction.

Fourthly.—An account of the condition of lunatics not confined in any of these establishments, in so far as we have been able to ascertain the same.

Fifthly.—An exposition of the mode in which the law has been, and is practically administered, having special reference to the question, how far any abuses that may be found to exist, are owing to the defective administration of the present law, or may require new legislative enactments for their effectual remedy.

Lastly.—A brief resumption of the leading particulars which seem to call for legislative interference; and of the principles on which it appears to us that such remedial legislation ought to be based.

Explanation of Terms.

To prevent any risk of misapprehension, it may be proper to premise that, in the phraseology of the law of Scotland, persons who, by reason of mental unsoundness are unfit for the management of themselves or their property, are termed "furious or fatuous persons and lunatics," the first of these terms applying to maniacs, the second to imbecile persons or idiots, and the last to insane persons generally. But, as for most of the practical purposes of the present inquiry, the distinction between the different forms of mental unsoundness is unimportant, we shall take the liberty, in accordance with the usual phraseology, of employing the terms, "insane persons" or "lunatics," as applying to them all, unless where a different meaning is indicated.

Law of Lunacy.

ABSTRACT OF THE LAW OF SCOTLAND IN REFERENCE TO LUNATICS.

Guardianship of Lunatics.

From the earliest period, the ward and custody of the property of lunatics appears to have belonged to the Prince, as *pater patriæ*, and to have been exercised through the intervention of tutors appointed by him.

By a statute of Robert I., in the beginning of the 14th century, the custody and keeping of persons of "furious mind," was devolved upon their relatives, and, failing them, on the Justiciar or the Sheriff of the county; while any damage done by them, in consequence of negligent keeping, was visited upon their keepers.

According to Sir Thomas Craig, a distinction was at one time recognised in this respect between "fatuous" and "furious" persons; the custody of the former having been committed to the next agnate, (nearest male relative by the father's side,) while that of the latter belonged to the Crown, as having the sole power of coercing with fetters.

Tutors-at-Law.

From a very early period, the nomination of tutors by the Crown proceeded upon brieves issuing from the Chancery, addressed to the Sheriff or other Judge Ordinary of the district where the lunatic resided, ordering him to summon a jury or inquest to inquire into the

Appointment.

fact of the alleged lunacy. On the brieve being retoured (returned) to Chancery with an affirmative verdict, a tutor was named, who was charged with the care of the lunatic's person and property, and who was bound to find security for his intromissions before entering upon the duties of his office. All deeds executed by the lunatic after the date of the verdict were held to be null and void, by way of exception; that is to say,

without the necessity of instituting an action for setting them aside. This was carried still further by the Statute 1474, cap. 67, which enacted an addition to the brieve, to the effect of ordering the inquiry to be extended to the term when the lunacy had commenced, and attached the sanction of nullity to all deeds executed by the lunatic subsequently to that date.

Abuses in reference to these nominations having crept in, it was enacted by Statute 1585, cap. 18,—That in future the nearest agnate of the lunatic should be preferred to the office of tutor-at-law; and the brieve was further amended, to the effect of ordering the inquest to inquire who the person was that sustained that relation, being at the same time of lawful age, (which was interpreted to mean not less than twenty-five years of age.)

Next Agnate.

There are two exceptions to the rule that the next agnate is entitled to the office of tutor-at-law to a lunatic, viz., a husband, who is preferred to the agnate as tutor-at-law to his lunatic wife, and a father, who is preferred as tutor-at-law to his lunatic child. Although the point has not been judicially decided, it has been stated by an eminent authority that a third exception exists, in the case of a tutor appointed by a father to the charge of his lunatic child to act after the father's death. But, in that case, a process of cognition for ascertaining the fact of the lunacy would be required, before the tutor could be allowed to enter on his office.

Exceptions.

Originally, the practice was to issue one brieve, applicable both to furiosity and fatuity. The essential difference between these states of mind, however, soon suggested the expediency of separate brieves, according to the supposed mental condition of the person whose case was to be inquired into, the one called a "brieve of furiosity," and the other a "brieve of idiocy." Where there is a doubt as to the particular character of the insanity, both brieves may be taken out at the same time, but there must be a distinct claim and retour on each. The brieve is generally issued on the application of the next agnate, but if he declines to interfere, or if no agnate exists, it may be issued on the applica-

Brieves.

Law of Lunacy: Guardianship of Lunatics. — Tutors-at-Law.

tion of other relatives. Where all the relatives decline to proceed, or where there are no relatives, cognition (as this process is termed) cannot take place. It has been suggested, whether in such cases the Lord Advocate has not the power of taking out and prosecuting brieves, but it has been considered by the best authorities that he has no such power.

The alleged lunatic must be made a party to the brieve, in order that if of sound mind he may have an opportunity of opposing it; and instances have occurred of such brieves having been advocated to the Supreme Court on the party's opposition.

It is the duty of the inquest, personally to examine the alleged lunatic, and their failure to do so has been made the ground of setting aside their verdict. Where there is any valid objection to the service proceeding before the Judge Ordinary of the district where the lunatic resides, the brieve may be directed to the Sheriff of Edinburgh, to whom a commission is expede in Chancery for that purpose. The brieves may, under certain circumstances, be advocated to the Supreme Court, which has also the power of annulling and setting aside the proceedings under them, in an action of reduction.

The office of tutory expires either by the death of the lunatic, or his restoration to sound mind; but the disease must be radically cured. A mere lucid interval is not enough. The regular form of putting an end to the tutory, on the lunatic's complete recovery, is by an action of declarator of convalescence in the Supreme Court. Should a relapse occur, the tutory cannot be revived: recourse must be had to a fresh cognition.

Powers.

The powers of tutors-at-law to lunatics embrace both the person and property of the lunatic, and are precisely analogous to those of tutors-at-law to minors.

Doubts have frequently been expressed, both as to the legality and expediency of entrusting the care of the lunatic's person to the tutor-at-law, where, as next agnate, he is heir to the lunatic's property. These doubts are founded on the consideration, that the very circumstance which gives him a material interest in the preservation of the estate, gives him an adverse interest in

reference to the lunatic's recovery, or the preservation of his life; and they derive force from the fact that the Statute 1585, expressly provides that tutors-at-law to lunatics are to be appointed "according to the principles "of the common (or civil) law," which, in the case of tutors-at-law to minors, devolves the custody of the minor's person on the nearest cognate, or relative, by the mother's side. Provision is made for this, in the case of minors, by a special clause in the brieve of tutory, requiring the inquest to say who the next cognate is, but there is no such clause in the brieve of idiocy. Lord Stair gives the countenance of his high authority to the doubt, when, in treating of the brieve of idiocy, he points out the defect, and states that, in his opinion, it can only be remedied by the Court of Session, in the exercise of its praetorian powers, appointing another individual to the custody of the lunatic's person, in all cases where the agnate, served tutor-at-law, is next heir to his estate. A similar doubt was expressed by the Lord President of the Court, in a leading case. In practice, however, these doubts have been disregarded, and tutors-at-law are understood to be invested with the management of the lunatic's person, as well as of his property.

Law of Lunacy Guardianship of Lunatics. — Tutors-at-Law.

Down to the present day, the Statute 1585 continues the *regula regulans*, as to the appointment of tutors-at-law to lunatics.

This, which is the oldest and most constitutional form of depriving a lunatic of the management of his person or property, and the only mode of affecting his legal *status*, as regards mental condition, has, however, of late years, been comparatively seldom resorted to. From a return made to us by the Director of Chancery, it appears that, during the ten years preceding the 1st January 1856, there have not been more than eight services of tutors-at-law to lunatics under Chancery brieves.

The next class of guardians to lunatics are termed tutors-dative.

Tutors-dative.

The nomination of a tutor-dative takes place only when there are no *termini habiles* for a tutor-at-law, as, for example, where no agnate is to be found, or where

Appointment.

Law of Lunacy: Guardianship of Lunatics. — Tutors-Dative.

the agnate declines to act. In such cases, the Crown nominates a tutor, in virtue of its inherent powers. These nominations are made by the Crown in its Court of Exchequer, and may take place either on the verdict of an inquest under a brieve, as in cases where no agnate is retoured, or even without the intervention of an inquest at all.

Gifts of tutory-dative are made after citation of the lunatic's next of kin on both sides, in terms of the Statute 1672, which contains a variety of checks on the administration of tutors. It seems unnecessary, however, to go into detail on this subject, as gifts of tutory-dative to lunatics have gone so much into desuetude, that it appears from a return made by the Queen's Remembrancer in Exchequer, there has not been an instance of such an appointment for the last twenty years. In treating of them, Mr. Erskine, a leading authority on the law of Scotland, says, "Such gifts are "truly a deviation from our law, since they pass without "any inquiry into the state of the person to whom the "curator is appointed, and they are admitted only from "necessity, that the affairs of the idiot may not suffer."

Judicial Factors.

The only other persons entrusted by law with the administration of the affairs of lunatics, are judicial factors appointed by the Court of Session. They are also called curators bonis. That they are practically the most important functionaries of this class, appears from the fact, that while, during the last ten years, there have been only eight services of persons as tutors-at-law, and not one appointment of a tutor-dative, there have been not less than 430 appointments of judicial factors.

The power of the Court of Session to appoint such officers, as well as to enact rules for their guidance and control, has been questioned on the ground that the Court has no original jurisdiction in matters of lunacy. The origin of the practice has been frequently represented as an assumption, on the part of the Court of Session, after the abolition of the Scotch Privy Council, of the powers exercised by that body of supplying a remedy in all matters beyond the reach of ordinary

legal process. There is, however, reason to doubt the accuracy of this view. The practice would rather seem to have originated in the *nobile officium* inherent in the Court of Session, as the supreme Court of Equity in Scotland, put forth to prevent the evils resulting from the frequent occurrence of lunatics possessed of property, being left without either tutors-at-law or tutors-dative. The nomination of judicial factors was accordingly regarded as a mere temporary measure, until steps should be taken for the appointment of a tutor-at-law. Although the functions of judicial factors, in common with those of tutors-dative, are understood to cease whenever a tutor-at-law is appointed, this, it has been seen, is a comparatively rare occurrence; and thus the nomination of this class of officers by the Court of Session, has come, in the course of practice, in a great measure, to supersede applications either to Chancery or Exchequer.

Appointment.

The appointment of judicial factors proceeds on a summary petition to the Court, generally at the instance of a relative of the lunatic, but occasionally at the instance of other persons interested in his welfare. The petition is accompanied by medical certificates of insanity, which, together with the petition, are appointed to be served on the alleged lunatic, so as to give him an opportunity of objecting. Two certificates are required, which must be subscribed by properly qualified medical practitioners. In general, no evidence beyond the certificates is necessary, but where any doubt is raised, either by the terms of the certificates, or otherwise, additional proof is taken, and sometimes the Court remits to the Sheriff of the district, to investigate the case and report. The certificates are not required to be in any particular form; but they must be such as to satisfy the Court of the existence of insanity, and unfitness of the person to manage his own affairs.

Although the general practice of the Court is to appoint the party suggested by the relatives, especially where no opposition is made, it has a discretionary power in the matter, which it frequently exercises by refusing to appoint persons whom it considers unfit for the office, from having an adverse interest, or being otherwise objectionable.

Law of Lunacy: Guardianship of Lunatics.

Judicial Factors. Powers.

The powers of judicial factors are strictly administrative, and confined to what is necessary for the collection of the revenues, and ordinary management of the lunatic's property. It is generally understood that they do not extend to the custody or control of his person, and it has been doubted whether the Court of Session, as not having original jurisdiction in matters of lunacy, can confer such a power. In practice, it not unfrequently happens that judicial factors assume it; a practice which probably originated in their being often the lunatic's next of kin. It is understood, however, that the appointment of factor gives them no such power, and wherever a judicial factor exercises it, it is *tanquam quilibet*, and on his own responsibility, just as a relative or other person interested in the lunatic might do. This was distinctly laid down by the Lord Chancellor, and also by Lord Gillies, in the leading case already adverted to.

Bryce *v.* Graham.

Having thus explained the law as to the guardianship of lunatics, we proceed to consider its provisions for securing the proper treatment of their persons, and the due administration of their property.

Custody and Treatment of Person.

First—As to the Person.—It has been seen that at a very early period, it was the policy of the law to entrust the person of lunatics to the care of their relatives. This policy has been continued to the present day. As a general rule, the law takes no special cognizance of lunatics, so long as no application is made either for the seclusion of their persons, or for the protection of their property. It leaves them to take care of themselves, or to be taken care of by their relatives, subject, of course, to the protection which the common law affords every individual against maltreatment or injustice. The rule, however, is liable to two exceptions—first, where the lunatic's continuing to be at large, is attended with danger to the public, and secondly, where he is dependent upon the parochial funds for his support. In the former of these cases, proceedings are appointed to be taken by the Procurator-Fiscal for his seclusion; and, in the latter case, the Parochial Inspector is called upon to report his condition to the

Parochial Board, in the manner to be more fully explained in the sequel.

Law of Lunacy: Custody and Treatment of Person.

The primary object of the appointment of guardians, appears always to have been the due management of the lunatic's property, and there were no specific regulations until a late period, in regard to the custody or treatment of his person. Institutions for the reception and cure of lunatics, are of comparatively recent origin, and it was not until towards the close of the reign of George III., that the Legislature directed its attention to the devising of securities for their regulation, or for the proper treatment of lunatics committed to them.

Statutes for Regulating the Confinement and Treatment of Lunatics.

The first statute under which the Legislature attempted to regulate the confinement and treatment of lunatics, was the 55 George III., cap. 69. This was followed by Statute 9 George IV., cap. 34, and Statute 4 and 5 Victoria, cap. 60, which three statutes may be said to form the Scottish code on this important subject.

It is to be regretted that they had not been framed with greater care. It is not always easy to reconcile their provisions with each other, while the loose and varying phraseology employed in them, has given rise to sundry ambiguities, which have led to difficulties in administering them.

These difficulties will be more particularly adverted to in the sequel; in the meantime, we shall state what appears to us to be the import of these statutes.

Powers and Duties of Sheriffs.

The administration of this branch of the law is principally devolved upon the Sheriffs of counties, within their respective jurisdictions. To these officers are committed the duties of granting licenses to persons keeping private mad-houses,—of making orders for the confinement and detention of lunatics,—of inspecting and, to a certain extent, regulating the houses in which they are confined, —and, in general, of deciding "every matter and thing "to be done which may be necessary, for the purpose of "ascertaining whether any person or persons confined "in such houses ought to be confined therein, and to "make such order for their care and confinement, or for "their being set at liberty, as the circumstances of the "case may seem to require."

55 Geo. III. c. 69.

Licenses, 55 Geo. III., c. 69.

In particular, the Sheriffs are empowered to grant

Law of Lunacy: Custody and Treatment of Person.

Powers and Duties of Sheriffs. Warrants and Licenses.

licenses for the reception, and the care and confinement of lunatics, within their respective counties; and any person keeping a house for the reception, and care and confinement of lunatics, or detaining any such person therein, without such license, is liable to a penalty of £200 for each offence, besides the expense of recovering the same; or, in lieu thereof, to be confined for a period not exceeding three calendar months. This penalty is extended to all persons sending or delivering, or being accessory to sending or delivering, any lunatic, or any person as such, without a license for that purpose, to the custody of such persons. The licenses must specify the name, description, and age of each lunatic, and must be renewed every year. The Sheriff has the power of recalling them, on the report of two medical persons, as set forth in the Act.

4 & 5 Vict. c. 60.

In reference to the form of licensing these private establishments, there is an unfortunate ambiguity in the statutes. Sundry expressions seem to indicate that the Legislature contemplated that such houses should be licensed generally, for the reception of such lunatics as might be sent to them, under warrants from the Sheriff; while others speak of the license as applicable to the person of each individual patient, or as being in truth a mere license or permission for his detention in such house. Notwithstanding that the former of these views has the sanction of an *obiter dictum* of the Lord President of the Court of Session, in the case of *Strang*, *Jan.* 19, 1849, the latter view has generally prevailed in practice, and the usual course is not to license the houses, but to adject to the warrant or order for the confinement of each lunatic that is sent to them, a license for his detention therein. We shall have occasion to revert to this subject afterwards, as having, in our opinion, an important bearing on the practical fitness of these establishments for the purposes for which they are intended.

No person can be lawfully received as a lunatic into any house kept for the reception and confinement of lunatics, whether it be a private licensed house, or a public asylum, or hospital, without a warrant or order from the Sheriff of the county in which such establishment is situated, who is bound to satisfy himself as to

the propriety of granting such an order, by the certificate or report of medical persons, and otherwise, as the circumstances of the case may seem to require, pursuant to which order, in the case of private madhouses, a license must be granted in the manner directed by the Act; and any person receiving a lunatic, or being accessory to sending or delivering him into such private mad-houses, without such order and license, is liable in a penalty of £200, and the expenses of its recovery, or in lieu thereof to be imprisoned for a period not exceeding three calendar months. It may be doubted whether the penalty applies to public asylums; whatever may have been the intention of the Legislature, the clauses in reference to the matter are very ambiguously expressed.

Law of Lunacy: Custody and Treatment of Person.

Powers and Duties of Sheriffs.

Warrants and Licenses.

55 Geo. III., c. 69.

9 Geo. IV., c. 34.

4 & 5 Vict. c. 60.

There is no statutory form prescribed either for these orders or warrants of the Sheriff, or for the medical certificates or reports on which they are granted; but all such certificates or reports must be signed by a medical man, who is either a physician, or has a diploma from the Royal College of Surgeons of Edinburgh or London, or from the Faculty of Physicians and Surgeons of Glasgow, or who has acquired a right to practise from having served in the Army or Navy, except in those cases when no medical man of the above description can be conveniently obtained, in which event such certificates or reports may be signed by any medical practitioner of character, whom the Sheriff may think proper to employ.

Medical Certificates.

55 Geo. III., c. 69.

It is further provided, in reference to such certificates and reports, that if any medical man shall sign or give such a certificate or report, without having carefully visited and examined the person to whom it relates, and without having endeavoured to ascertain in a proper manner, by such examination and otherwise, that such person is a lunatic, and proper to be confined in a house for the reception of such persons, he shall forfeit the sum of £50, and the expenses of recovering the same.

Although the Sheriff cannot competently grant an order for the confinement of any person as a lunatic, in any of these establishments, without such medical certificates, he has the power when necessary of making such

Law of Lunacy: Custody and Treatment of Person.

order as circumstances may require, for the care and confinement of such person, for a period not exceeding fourteen days, until he shall be satisfied of the propriety of granting an order for his reception and detention in an asylum or licensed house.

Powers and Duties of Sheriffs. 55 Geo. III., c. 60.

Such being the provisions of these statutes, in reference to the detention and confinement of lunatics in public asylums and in private mad-houses, we shall now direct attention to the securities provided for the inspection and regulation of these establishments, and the liberation of persons who may be found to be improperly detained in them.

Inspection of Asylums. 55 Geo. III., c. 69.

In reference to their inspection, it is provided that every house kept for the reception of lunatics shall be inspected at least two several times in the year, once by the Sheriff in person, and once by him or his Substitute; to be accompanied, in each case, by such medical person, or persons, as shall be appointed by the Sheriff, who is empowered to pay him or them such reasonable allowance as the Sheriff shall deem adequate, subject to the control of the Commissioners of Supply, who are to furnish the necessary funds. In addition to these stated visits, the Sheriff has the power himself to inspect these houses, or to order such inspection to be made as often as he thinks proper.

There is a special provision applicable to the counties of Mid-Lothian and Lanark, in reference to the medical men who are to accompany the Sheriffs of these counties in their statutory inspections—which requires them to be selected, in Edinburgh, from four resident Fellows of the College of Physicians; and, in Glasgow, from four resident Members of the Faculty of Physicians and Surgeons, to be chosen annually by these bodies respectively. In addition to the privilege of being selected to accompany the Sheriff on his statutory visits, these gentlemen have the power, with the Sheriff's concurrence, of inspecting all mad-houses, situated within these counties respectively, and reporting to the Sheriff, under the special provision, that they are not to receive any pecuniary allowance for any other inspections than those in which they may be selected

Law of Lunacy: Custody and Treatment of Person.

to accompany the Sheriff. If in any inspection, made as directed by the Acts, it shall appear that any persons are improperly detained in any such establishment, the Sheriff is entitled to set them at liberty, or to act otherwise as the circumstances of the case may require.

Powers and Duties of Sheriff.

55 Geo. III., c. 69.

9 Geo. IV., c. 34.

In addition to these inspections by the Sheriff and his medical attendants, the Justices of Peace in each county have power, if they think fit, to appoint annually, any three of their number to inspect the asylums and private mad-houses within the county, and to report thereon to Quarter Sessions.

Justices of the Peace.

9 Geo. IV., c. 34.

A power of visiting the patients in mad-houses within their parishes, at any hour between eight in the morning and eight in the evening, is given to the ministers of the Established Church, with the consent in writing of the Sheriff of the county. They may, however, be refused access to the patients, if the keeper of the house shall think these visits prejudicial to their due care and recovery, such refusal being entered in the register, and reported by the keeper to the inspectors at their next visit.

Parish ministers.

9 Geo. IV., c. 34.

Regulations.

55 Geo. III., c. 69.

The Sheriff is empowered to make regulations for the management of the private mad-houses within his county, and to enforce the same by a penalty not exceeding the sum of £20 for each offence, such rules being always first duly notified in writing to the keepers of such houses. Such regulations, however, cannot be put in force, until approved of by the Lords Commissioners of Justiciary, and entered in the Records of their Court.

No such power appears to be given in reference to public lunatic asylums or hospitals.

The powers granted to Sheriffs by these Acts are declared to be without prejudice, and in addition to all powers otherwise competent to them by the Common Law.

Such being the regulations as to the inspection and visitation of lunatic establishments, we shall next consider the provisions in regard to medical attendants, and the checks upon the management of these establishments, afforded by the books and registers which are appointed to be kept and exhibited to the visitors.

Law of Lunacy. Custody and Treatment of Person.

Medical Attendance. 9 Geo. IV., c. 34.

Weekly Register.

Wherever a house contains one hundred patients, the law requires that there shall be a resident physician or surgeon; and, where the number of patients exceeds one, and is below a hundred, every such house, provided it is not kept by a medical man, shall be visited twice each week by a physician, or surgeon, who shall once in each week enter and sign in a register, to be kept in terms of the following schedule, a report on the condition of the house, and the state of the health of the patients, which shall be regularly produced before the inspectors at their visits, and subscribed by them in testimony of its production:—

SCHEDULE.

Weekly Register to be kept in each House, and to be laid before the Inspectors.

Number of Curable Men.	Number of Incurable Men.	Number of Curable Women.	Number of Incurable Women.	Number of Men under restraint.	Number of Women under restraint.	General Remarks.

In cases of restraint the necessity to be certified by the Physician, Surgeon, or Apothecary.

Register of Restraint, &c.

The law provides, that a book shall be kept in every licensed house, in which shall be inserted the name and date of admission of every patient, and also the date of his death or discharge, specifying the state of mind in which he was at the date of such death or discharge, and the cause of his death.

In all cases of coercion or restraint, beyond solitary confinement, an entry shall be made in the book on the day on which the restraint commences, setting forth its nature and special cause; and a further entry shall be made on each succeeding day, during its continuance, showing the progress of the disorder, and how far such coercion or restraint has been increased, diminished, continued, or put an end to, and the reasons of such continuance or change. This book must be produced to the Inspectors on their visits, who are required to mark on it the date of the inspection, together with any observations they may deem material on the state of the house, or of any of the patients; and any keeper of such house neglecting to keep such book, or to make the required entries therein, or who shall refuse or neglect to produce it when duly required, is liable in a penalty of £5 for each offence.

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Registers.

In every licensed mad-house, an additional book must be kept called the "Mad-house Register," setting forth the particulars specified in the following schedule.

Mad-house Register.

4 and 5 Vict., c. 60.

SCHEDULE.

Form of Register to be kept in all Licensed Mad-houses in Scotland.

House, where situated, and by whom kept.	Names and Designations of Individuals confined.	Date of Reception.	At whose instance Confined, and on whose Medical Certificate.	Whether supposed Curable or Incurable.	Date of Removal or Discharge, and Authority for either.	Date of Death.	Disease or Cause of Death, and Duration of Disorders.	Name of Medical Practitioner; when first called to give special attendance, and how often he afterwards visited the Deceased.	Place of Burial.

This register is appointed to be transmitted to the Sheriff-clerk of the county, on or before the 5lst day of January, annually, or, in the event of the house being

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Registers.

discontinued during the currency of the year, within a week of such discontinuance, to be laid by him before the Sheriff of the county, who, after examining the same, shall seal it up, and cause it to be preserved in the Sheriff-clerk's office, where the seals of it shall not be opened, or the register inspected, without written authority from the Sheriff; and any keeper of a mad-house disregarding or neglecting any of these provisions, as well as any individual breaking the seals, or inspecting the register, without the Sheriff's authority, shall be liable in a penalty not exceeding £20. The keeper of every licensed mad-house must report the death of patients, who die under his charge, to the Sheriff of the county, within twenty-four hours of the death, accompanied by a certificate from the medical attendant, setting forth the nature of the disease causing death, how long it had continued, when medical attendance was first required, and how often the patient was visited. It must also set forth whether any undue delay in calling for medical assistance had occurred; and every keeper of such licensed house failing to make such intimation, is liable in a penalty not exceeding £20, and, on default of payment, to imprisonment not exceeding three calendar months.

It would seem that the obligation to keep the books and registers above specified, as well as to intimate the death of patients, is confined to the keepers of private mad-houses, and does not extend to public asylums or hospitals, as the various enactments regarding them specify licensed houses alone, without noticing public asylums, which require no license.

Power of Removal. 4 and 5 Vict. c. 60.

In addition to these securities the Sheriff has the power, on application from his Procurator-Fiscal, accompanied by a certificate of two qualified medical men, that a licensed house in which a patient is confined is unfit or unsuitable for his confinement, to order his removal to some other licensed house, or public asylum, either in the Sheriff's own, or an adjoining county; intimation being previously given to the person at whose instance such lunatic is confined, and the expense of the removal, and cost of the lunatic's maintenance in the establishment to which he is removed, to be borne by such party.

It would appear that this power of removal does not extend to removal from any public asylum, however defective.

A Sheriff in whose county there is no public hospital or asylum, or licensed mad-house, may authorize the confinement of a lunatic in an asylum, or licensed mad-house, in any adjoining county. The clause conferring this power would seem to import that, excepting in the case of pauper lunatics, this might be done irrespective of the consent of the Sheriff of such adjoining county. Looking, however, to the express provisions of the 8th section of 55 George III., cap. 69, taken in connexion with the 5th section of 9 George IV., cap. 34, we entertain doubts of this construction, which, moreover, is inconsistent with the general policy of the law. It would on the contrary rather seem, that the Legislature intended to give the Sheriff the power of granting warrant, under such circumstances, for the conveyance of a lunatic to a neighbouring county, leaving his confinement within that county to be regulated by the ordinary provisions of the Acts, a remark which is equally applicable to the removals adverted to in the immediately preceding paragraph. The point, however, cannot be considered as altogether free from difficulty.

4 & 5 Vict. cap. 60, sect. 8.

The Procurator-Fiscal of the county, where any establishment for the reception of lunatics is situated, is charged with the enforcement and due execution of the Acts, and the recovery of the penalties exigible under them. Provided always, that the action, or complaint, shall be brought within twelve calendar months after the offence inferring the penalty shall have been committed.

Powers and Duties of Procurator-Fiscal.

55 Geo. III., cap. 69.

In reference to the funds required for the carrying out of the provisions of these statutes, it is enacted that they shall be defrayed from what is called the Rogue-money of the county, upon the order of the Sheriff. For every license under the Acts, including the annual renewals, a certain sum is to be paid to the Sheriff-clerk, by whom the licenses are made out; and after deducting the sum of 2s. 6d., as his fee for making out each license, all monies received by him on that account, are to be paid by him to the county, and form

Funds.

55 Geo. III., cap. 69, sect. 20.

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Funds.

part of the Rogue-money thereof, under a penalty of £5 for each offence, should the Sheriff-clerk neglect or delay so to pay it over. The same course is pursued in regard to all penalties recovered under the Act, these being paid by the Procurator-Fiscal into the Rogue-money of the county, in which the same are recovered.

The amount exigible for these licenses varies according to their number, and the sums required to carry out the Acts. The original price of the license was two guineas for each lunatic, both for the first license and for its yearly renewal. This fee was subsequently reduced to 10s. 6d.; and ultimately a power was given to the Sheriff, to lower the price of such licenses so as to adapt them to the sum required, when it should appear from the annual account of the expenses incurred under his direction in carrying the Acts into effect, that the monies received for licenses and for penalties under the Acts exceeded the sums required for the purpose; and, also, if necessary, from time to time to raise them again, but never to exceed 10s. 6d.

55 Geo. III., cap. 69.

9 Geo. IV., cap. 34.

4 and 5 Vict., cap. 34.

With the view of enabling the counties to assess themselves for the necessary funds, the Sheriff is required to transmit annually to the Commissioners of Supply an account of the expenses incurred by his directions, and of all monies received, on account either of licenses or penalties, under the Act. He is further required, at the same time, to transmit a copy of these accounts, with a report of what he has done under the Act, as well as of the number of houses kept for the reception of lunatics within the county, and the names, number, and description of the persons confined therein, to the President of the Royal College of Physicians in Edinburgh; and to the Clerk of the High Court of Justiciary, who shall cause such account and report to be entered in the Records of Court.

55 Geo. III., cap. 69.

Such are the provisions of these Acts in reference to the confinement and superintendence of lunatics generally. Before directing attention to the special provisions in reference to dangerous lunatics, to lunatics charged with crimes, or to pauper lunatics, or such as are chargeable upon the parochial funds, it may be proper to advert to

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the circumstance that the Statute 55 Geo. III., cap. 69, the original and leading Act on the subject of licensed houses, expressly excepts from its operation every house where only one lunatic is confined, unless such person is kept for gain or reward. The effect of this is, to prevent judicial interference with any lunatic confined either in his own house, or gratuitously in the house of another person who receives no other lunatic into it. It was, however, thought expedient to modify this exception by a subsequent statute, which provides that no person, not a relative, shall receive into his exclusive care any one insane person, without first having an order and certificate signed by two physicians or surgeons; and that the keeper of every such house shall, within five days of his receiving such lunatic into his house, transmit to the Sheriff a copy of such certificate, stating at the same time the parish where the house is situated, and the name of the owner of it. It also provides that, within seven days of the 1st of January in each year, he shall continue to transmit to the Sheriff a certificate, signed by two medical men, describing the actual state of such lunatic; and, in case of the lunatic's death or removal, he shall forthwith notify the same to the Sheriff. All these certificates and notifications must be duly preserved, and a separate register kept, containing the name and surname of every such lunatic, together with the place of his confinement, which shall be open to the inspection of the Secretary of State for the Home Department, and of the Lord President, and Lord Justice-Clerk, or such persons as they shall appoint in writing to inspect the same; and every person receiving into his care any person contrary to the said enactment, is liable to a penalty of £50. A power is given to the Secretary of State, in all cases where such patient may have been discharged cured, to direct the name of such person to be erased from this register. Nothing is said, in reference to this class of cases, as to the visitorial powers of the Sheriff, but as these were expressly excluded by the Statute, 55 George III., cap. 69, sec. 18, as to houses receiving only one patient, unless such patient be received for gain or reward, it would rather seem that the Sheriff has no such powers in re-

Single Patients. 55 Geo. III., cap. 69.

Medical Certificates. 9 Geo. IV., cap. 34.

Houses to be reported.

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Single Patients. Visitation.

ference to this class of houses, except where such lunatic is received for gain or reward; in which case, persons receiving only one patient, are not exempted from the general operation of the Acts, either as regards the visitorial powers of the Sheriff, or the necessity of taking out a license.

We shall now proceed to consider the law as regards certain classes of the insane, which are the subject of special regulations.

Dangerous Lunatics.

And, first, as to those who are termed in the Acts "dangerous lunatics," meaning thereby, lunatics who, if left to go at large, might be dangerous to the safety of the lieges. It appears to be the policy of the law not to interfere either with the custody or care of ordinary lunatics, whether at large or confined, either in their own houses, or the houses of relatives, provided it be not for gain or reward, unless where an application is made by their friends for having them placed either in asylums or private mad-houses. The public safety requires an exception to be made in the case of persons whose insanity is of a character that makes them dangerous to the public.

Accordingly, it is provided that, when any lunatic shall have been apprehended, charged with assault or other offence, inferring danger to the lieges, or being in a state threatening danger to them, shall be found at large, the Sheriff, on application by the Procurator-Fiscal, accompanied by a medical certificate, from a medical man qualified in terms of the Act, shall forthwith commit such lunatic to some place of safe custody, and shall thereupon direct notice to be given to the next of kin, or other known relative of the lunatic, and publish a notice in some newspaper, circulated in the county of the commitment, of his intention to inquire into his condition on an early day, to be named; on which day the Sheriff shall proceed to take evidence of his condition, and, on being satisfied that he is a lunatic, and dangerous, shall commit him to any lunatic asylum or private mad-house, which may be willing to receive him, within the county; or, in the event of there not being any such, to a similar establishment in some adjoining

4 & 5 Vict., cap. 60.

county, to be there detained until his cure, or until security be found for his safe custody; in which last case, the Sheriff, on being satisfied as to the safety and propriety of doing so, may authorize the delivery of the lunatic to the person so finding security. The Procurator-Fiscal is also authorized to contract with the keeper of the establishment, for the expense of the lunatic's maintenance. The expenses of the Procurator-Fiscal in such proceedings, as well as the expense of the lunatic's maintenance, are paid, in the first instance, out of the rogue-money of the county; which last expenses, together with the cost of the license, shall be recovered from the funds of the lunatic, or from the parish of his settlement, in the event of his being a pauper. The Sheriff has power to pronounce judgment in favour of the Procurator-Fiscal, for these expenses, against such parish, *ad interim*, as he thinks justly liable, without his judgment being subject to be set aside by appeal, or otherwise, but reserving to such parish its recourse against such third parties as may be liable; and the Procurator-Fiscal, out of the monies so received, is bound to repay the advances that may have been made by the county.

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Dangerous Lunatics.

In the event of the dangerous lunatic being found in a county different from that where he usually resides, or has his haunt, the Sheriff of the county, where the application is made, has the option of either proceeding against him, or of transmitting him along with the application to the Sheriff of such other county, to be proceeded against therein.

Pauper Lunatics.

The next special class of lunatics to which we would direct attention, is that of pauper lunatics; or lunatics, who, not having adequate means of support, are chargeable upon the poor-rates.

8 & 9 Vict., cap. 83.

The leading provisions in regard to this class of lunatics, are contained in the Poor-law Amendment Act, which enacts, that wherever any poor person, who shall have become chargeable on any parish or combination, shall be insane or fatuous, the parochial board of such parish or combination shall, within fourteen days of his being known to be insane or fatuous, provide that such person shall be lodged in an asylum, or establishment legally

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Pauper Lunatics.

authorized to receive lunatics. With a view to insure this, inspectors of the poor are required to report without delay, all such cases to the Board of Supervision in Edinburgh, who are authorized, on any parochial board refusing or neglecting to comply with this requirement, to remove such persons to such establishments; the whole expense of such removal, as well as the subsequent expenses, being to be defrayed by such parochial board.

It may be proper to state that we have here used the words "insane or *fatuous* persons," because they are the special words of the statute, which in a subsequent clause, adverts to persons who, from weakness or facility of mind, are unfit to take charge of their own affairs, as among the persons for whose accommodation poorhouses were to be erected; thus demonstrating, that while, in the sense of the Legislature, weak-minded persons are proper inmates of poorhouses, they are a different class from *fatuous* persons, who are classed with the insane, as proper subjects for confinement in asylums, or licensed mad-houses.

The general obligation to remove the insane or fatuous poor, or, in other words, pauper lunatics, to legally authorized places of confinement, is, however, qualified by the following important exception:—"Pro-
"vided always, that under special circumstances in par-
"ticular cases, it shall be lawful for the parochial board,
"with the consent of the Board of Supervision, to dis-
"pense with the removal of insane or fatuous poor
"persons to a lunatic asylum or establishment, and to
"provide for them in such other manner, and under such
"regulations, as to inspection and otherwise, as shall be
"sanctioned by the Board of Supervision."

4 & 5 Vict., cap. 60.

The only other statutory enactment, in reference to pauper lunatics, is contained in a previous statute, viz., Statute 4 and 5 Victoria, cap. 60, which provides that all pauper lunatics shall be sent to a public hospital or public asylum, unless the Sheriff, on cause shown to his satisfaction, shall be of opinion, that in the special circumstances of the case, it is more expedient to commit them to a licensed mad-house.

The import of these provisions, as bearing on each other, appears open to doubts which have not been authorita-

tively solved. On the one hand, it may be contended that the terms of the 59th section of the Poor-law Act are sufficient to exempt pauper lunatics from the operation of the statutes applicable to lunatics generally, and in particular to transfer them from the care and supervision of the Sheriffs to those of the parochial boards, with the consent of the Board of Supervision. On the other hand, it may be argued that, as the clause in the Poor-law Act did not expressly abrogate, in reference to pauper lunatics, any of the existing regulations for the protection and treatment of lunatics generally, it cannot be construed so as to entitle the parochial authorities to deprive pauper lunatics of any of the advantages derived from these regulations. In this view, although parochial boards, with consent of the Board of Supervision, may have the power of dispensing with the general rule of sending pauper lunatics to asylums or other establishments, when they are of opinion that such lunatics do not require to be confined, they would not have the power of putting lunatics, who did require confinement, beyond the protection of the law provided for the benefit of all classes of the community. For example, while it might be lawful for them to maintain pauper lunatics in their own houses, or in the houses of relatives; or to allow such harmless lunatics, as could be safely left at liberty to come and go, to be maintained within the poorhouses; they would have no right to confine them in the houses of strangers, without these houses being reported to the Sheriff; or to subject them to restraint and confinement in poorhouses without the Sheriff's license, or without the steps being taken which were to subject such poorhouses to the Sheriff's inspection and visitation.

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Pauper Lunatics.

These doubts have not been authoritatively solved, and it is very unfortunate that they should exist, as they have, doubtless, conduced to some of the practical evils which we shall have occasion in the sequel to point out as existing in this department.

Another special class of lunatics is that of lunatics charged with criminal offences, or who have become lunatic while undergoing the sentence of the law for criminal offences.

Criminal Lunatics.

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The enactments in reference to these, are confined to two Acts for regulating prisons and prison discipline in Scotland,—viz., 2 and 3 Vict., cap. 42, and 7 and 8 Vict., cap. 34.

Criminal Lunatics.

2 and 3 Vict. cap. 42.

7 and 8 Vict. cap. 34.

The former of these enacts that, in order that due provision may be made for the proper custody, treatment, and maintenance of criminal prisoners who, by reason of insanity or lunacy, may be found by the Court to be unfit to be brought to trial, or who may, on their trial, be found to be insane, or to have been so when the offence wherewith they are charged was committed, it shall be lawful for the General Board of Directors of Prisons, if they shall think proper, instead of making use of a prison, or any portion of it, for the custody of such prisoners, to contract and agree with the directors and managers of any lunatic asylum, for the close and safe custody and maintenance of such prisoner, on such terms as may be agreed upon, and to remove such prisoner to such lunatic asylum; provided always that all competent right of relief of the expense incurred in the custody and maintenance of such prisoners, against their own estate or funds, or otherwise, shall be reserved.

7 and 8 Vict. cap. 34.

These provisions are extended to all insane or lunatic prisoners by the subsequent Act, which also provides that the removal of such persons to a lunatic asylum may be made either by the General Board, or by any County Prison Board, acting under the authority of the General Board.

Power is given to the General Board to cause to be removed to the General Prison at Perth, any insane or lunatic prisoners from any lunatic asylum, or from any local prison; provided always, that the insanity or lunacy of every such prisoner, if not previously ascertained by a Court of Law, shall be proved by certificates, on soul and conscience, of two or more medical men, being physicians or surgeons who had personally visited, and carefully examined the prisoners.

Foreign.

The last special class of lunatics which remains to be noticed, is that of foreign pauper lunatics, who have not acquired a settlement in Scotland. These consist chiefly of English and Irish paupers, whose number, especially in the large towns, is by no means inconsiderable. With

reference to their treatment and disposal, neither the Lunacy Acts, nor the Poor-law Amendment Act, make any special provisions; and they would thus fall to be treated as Scotch lunatics, whose parish of settlement could not be discovered, but for sec. 77 of the Poor-law Amendment Act, which authorizes the transmission of English and Irish paupers to their own country, on the following order, provided a medical certificate be obtained that the health of the pauper is such as to admit of his removal:—

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Pauper Lunatics, Foreign.

ORDER FOR REMOVAL TO ENGLAND, &c. &c.

I, A. B. the Sheriff (or we, C. D. and E. F., two of the Justices of the Peace), of the county of ———, do hereby order and adjudge G. H., who has become, and is now, actually chargeable to the parish of ———, to be removed with I. H., his wife, and K. L. M., his children, and conveyed to England, &c., &c., in pursuance of the provisions made and passed in the eighth and ninth years of the reign of Queen Victoria, intituled, An Act for the Amendment, &c.

(Signed)

We shall afterwards show that under the authority of this section, English and Irish pauper lunatics are frequently transmitted to their own country; and we shall find in this practice another instance in which the Poor-law Amendment Act practically supersedes the Lunacy Acts. For while, by the latter, the Sheriff is considered solely responsible for the due care of the lunatic, except when he is left in the custody of friends, the former is occasionally interpreted to confer equally upon Justices of the Peace the power of disposing of lunatics, provided they are paupers of foreign birth, and have acquired no settlement in Scotland.

II. MANAGEMENT OF PROPERTY.

The following are leading provisions for the protection and management of the property of lunatics.

Tutors-at-Law.

Tutors-at-law under brieves from Chancery have the management of the lunatic's property, both real and personal; before entering on which, they must find security for their intromissions to the satisfaction of the Clerk to the Service, the cautioner being a person subject to the jurisdiction of the Court of Session.

Law of Lunacy: Management of Property.

Tutors-Dative.

The same holds true as to tutors-dative appointed by Exchequer, with this difference, that the latter must find security to the satisfaction of an officer in the Exchequer.

It would serve no good purpose to go into a detail of the powers vested in either of these classes of officers, which are precisely analogous to those which belong to the tutors-at-law of minors. Their functions have been materially modified by the late statute instituting an officer, under the title of Accountant to the Court of Session, whose duty it is to control and check them in various particulars, to which we shall have occasion to advert immediately.

12 and 13 Vict. cap. 51.

With a view to facilitate execution against them, it is provided by 12 and 13 Vict., cap. 51, that the bonds of caution, granted by their securities, shall contain an express obligation that they shall conform in all respects to the regulations to be enacted by the Court of Session, which is thereby empowered to make regulations for their guidance. These bonds must also contain a clause consenting to registration for summary execution, and by section 28 it is further enacted, that they shall, at all times, be amenable to the jurisdiction of the Court, as in a depending summary action.

The same statute gives the Court of Session the power of removing tutors-at-law to lunatics, on cause shown, and of appointing judicial factors, or curators bonis, in their room.

Judicial Factors.

We shall next advert to the securities provided by the law, for the due administration of the property of lunatics by judicial factors, appointed by the Court of Session, who, it has been seen, have come in practice to be much the most important class of guardians appointed to lunatics.

12 & 13 Vic. c. 51.

Previous to the year 1849, the regulations for the guidance of this class of functionaries were embodied in the Act of Sederunt, 1730. But it is unnecessary to specify these, as they have been virtually superseded by the Act of 12 and 13 Victoria, already adverted to,

Accountant.

appointing a new officer, under the title of Accountant to the Court of Session, who is charged with the duty, within certain limits, of checking and controlling the management of judicial factors. This statute intro-

duces a variety of checks, to which it is necessary that we should briefly advert.

In the first place, it enacts that no factor shall enter upon the duties of his office until after he shall have found security for his intromissions and management, as well as for the performance of every duty incumbent on him as factor, according to the rules prescribed, or to be prescribed, for the discharge of his office, by the Court of Session, in virtue of powers thereby conferred upon it.

The powers of such factors are purely administrative, and do not go beyond what is necessary for the collection of the revenues, and the ordinary management of the property of the lunatic. In the event of any extraordinary act of administration being required, it is the duty of the factor to report the matter to the Accountant, who is to inquire and report to the Court, who shall grant or refuse their sanction to the proposed measure as they may deem most expedient, their judgment being final, and not subject to appeal.

The factor is bound to lodge with the Accountant of Court, within a limited period, a distinct rental of the lands, and an inventory of the property of every kind belonging to the lunatic, and along with it to produce all relative title-deeds, writs, and documents. The rental and inventory, when adjusted by the Accountant, form the ground of charge against the factor, subject to be altered from time to time, on the discovery of any new claims on, or property belonging to, the estate. The factor is bound to furnish a yearly account of charge and discharge of his intromissions, which it is the duty of the Accountant to audit and check. The Accountant, however, has no power actually to intermeddle with the funds, which the factor is bound to lodge in one of the chartered banks on a deposit account in his own name, under a penalty of being charged with interest at the rate of 20 per cent. on any sum exceeding £50 which is not so lodged within ten days of its being received by him. If the factor shall misconduct himself, or fail in his duty, he is liable to fine and removal from his office, at the discretion of the Court, over and above being liable to repair any damage the estate may sustain from his misfeasance. Factors, as well as tutors-at-law, are

Law of Lunacy: Management of Property.

Judicial Factors.

subject to the general superintendence of the Accountant of Court, whose duty it is to see that they observe the rules and regulations laid down for them, to audit their accounts, examine the vouchers, and fix the commission payable to them, and make an annual report of his proceedings to the Court. The Accountant has the power of making such orders and requisitions on the factor as he may think necessary; and, in the event of these being neglected, to report the matter to the Court for their decision. He is also empowered in case of any such suspected malversation as might infer removal or punishment, to report the case to the Lord Advocate, for the purpose of his taking such steps as may be required. The Accountant has access at all times to inspect the bank accounts of the factor. He is to be the custodier of all bank receipts, and vouchers for monies placed in bank under the authority of the Court. The whole records and papers kept by him to be open for inspection, and copies furnished to parties interested, on payment of fees to be fixed by the Court, which has also the power of fixing the rate of contribution to be paid by each estate, in order to constitute and maintain a fund for carrying out the purposes of the Act.

Powers and Functions of Accountant.

The general provisions of the Act are extended to tutors-at-law, as well as tutors-dative to lunatics, who may be appointed to their offices subsequently to the date of the Statute.

There is a provision, however, empowering any persons appointed to such offices before the passing of the Act, to place themselves under its provisions; but it appears, from the evidence of the Accountant, that none of the persons so situated have hitherto availed themselves of this provision.

Having concluded our abstract of the existing Law of Scotland, as regards both the person and property of lunatics, we proceed, agreeably to the arrangement proposed, to submit a statement of the numbers of lunatics at present in Scotland, and of the manner in which they are distributed.

Number of Insane.

NUMBER AND DISTRIBUTION OF THE INSANE.

In order to ascertain the numbers of the insane, we found it convenient to consider them as belonging to three classes; the first, including those who are resident in houses officially known to the Sheriff; the second, comprehending those who are irregularly detained in poor-houses, under the sanction of the Board of Supervision, but not under warrant of the Sheriff; and the third, embracing all who are resident with relatives or strangers, or living alone, in houses not officially recognised by the Sheriff, and only partially known to the Board of Supervision.

I. To ascertain the number of those belonging to the first category, we obtained, from the Sheriff-clerks of the different counties, returns of all the houses within their respective shires, officially recognised as houses for the reception of the insane; and to the secretaries and proprietors of these, we applied directly for returns of all the patients, under treatment on the 14th of May 1855.*

Under Special Protection of Law.

In this way, we ascertained the numbers of the insane who were under the special protection of the law. They amounted to 3328, viz.:—

Males,	1637
Females,	1691
Total,	3328

II. We had still to ascertain the numbers of the insane not officially known to the Sheriff, who were resident in poor-houses and private houses. This proved to be a matter of considerable difficulty; but its importance became more and more apparent as we proceeded with our inquiry, owing to the very large numbers of the insane whom we discovered to be so situated.

To determine their number we applied, in the first place, to the Board of Supervision for the Relief of the Poor, for a return of all the insane and fatuous paupers

* We adopted this date, with the view of placing our returns in accordance with those of the Board of Supervision for Relief of the Poor.

Number of Insane.

on the poor-roll. We thus obtained not only the numbers of the insane poor who were in public asylums, private licensed houses, and poor-houses, under the warrant of the Sheriff (and who are included in the numbers already given), but also of those who were resident in poor-houses not under warrant, but returned as insane or fatuous to the Board of Supervision; as well as the numbers of insane paupers returned to the Board, as resident with relatives or strangers, or living alone.

Our investigations, however, soon led us to perceive that the returns so obtained were far from being complete. We found, in the first place, on personal inspection, that there were a number of insane paupers in poor-houses, who were neither under the Sheriff's warrant, nor yet included in the returns of the Board of Supervision; secondly, we found that parochial relief was frequently granted to insane paupers, resident with relatives or strangers, who were, nevertheless, returned to the Board of Supervision as sane, and, consequently, omitted from their returns; thirdly, we became aware that there was a very considerable number of insane and fatuous persons, not in receipt of parochial relief, living with relatives, or boarded with strangers, of whom there was no official record of any kind.

To obtain correct returns of the whole of these cases, was, evidently, a matter of great importance, but, at the same time, one of great difficulty, and far beyond our personal means of investigation. There were three courses which appeared open to us; first, to apply for assistance to the clergy; or, secondly, to the medical practitioners; or, thirdly, to the rural police. We determined on the last method for the following reasons:—In some preliminary inquiries made in several of the northern counties, we addressed, by way of experiment, circulars to the ministers both of the Established Church and Free Church, asking for information as to the condition of the insane; but the clergy, as a body, did not appear to us to possess the information necessary for the object we had in view. The medical practitioners, on the other hand, might have been called upon to give information which would place them in antagonism to the parochial boards, to which many of them are attached. In the Highland districts, especially,

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How determined.

there was reason to fear this result, as there are so few medical men in those localities, that almost every one of them holds the office of parochial surgeon. We had thus no confidence that the desired returns, when made, would be complete. We did not, however, arrive at this conclusion on purely theoretical grounds; for, in one county, we made the experiment of applying for information to all the medical men whose names were found in the Medical Directory, and the result was very unsatisfactory.

For the above reasons, we made application to the superintendents of the constabulary force in the different counties, as best able to afford the required information; and we requested them to instruct the constables under their charge, to make returns of all the insane and fatuous persons resident within the districts traversed by them, according to a schedule sent by us for the purpose, under the following heads:—County—Parish—Name of Lunatic or Fatuous Person—Age of Lunatic or Fatuous Person—With whom Resident—Where Resident—How long Fatuous or Lunatic—Whether or not in receipt of Parochial Relief—Whether or not ever in Confinement in an Asylum—Remarks.

To the schedule was appended the following note:—"The constable is requested to be particularly careful in ascertaining whether the lunatic or fatuous person is in receipt of parochial relief, either directly or indirectly. For instance, an allowance made to the parents of fatuous children, on their account, would bring the children under the head of receiving relief, though their names might not appear on the pauper roll. The point will be determined by inquiring whether the Inspector of the Poor of the parish makes any allowance on their account. The constable is also requested to state, under the head of Remarks, whether the lunatic or fatuous person appears sufficiently clothed and fed, and otherwise well cared for. He will also particularly mention those cases in which it is necessary to confine or bind the lunatic or fatuous person to prevent mischief. In the cases of fatuous females he will carefully inquire whether they have ever given birth to illegitimate children."

The call thus made was most obligingly met, and every

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exertion seems to have been made by the superintendents to secure accuracy. And although police constables may not be particularly well fitted to decide upon the insanity of individuals, or to make the most reliable returns of such cases, we satisfied ourselves, by personal visitation in several districts, that the returns made by them are, on the whole, accurate.

From those counties in which there is no rural police, we obtained corresponding returns through the agency of the Procurators-Fiscal, who were instructed by the Crown Agent, at the request of the Lord Advocate, to afford us every assistance. The returns from the boroughs were obtained in a similar manner.

In order further to secure accuracy, we applied for, and obtained, direct returns from the governors of such poorhouses, as were reported by the constables to contain insane or fatuous paupers.

In Poorhouses, not under Sheriff's Warrant.

From the conjoint returns of the Board of Supervision, the governors of poorhouses, and the constabulary force, checked in certain districts by our personal inquiries, we ascertained that there were in poorhouses on 14th May 1855, the following number of lunatic and fatuous persons, not under the Sheriff's warrant:—

Males, ...	90
Females, ...	163
Total,	253

Two of these were not paupers, but private patients, paid for by their friends.

III. In determining the number of the insane, (pauper as well as private,) resident with relatives or strangers, or living alone, and not under the official superintendence of the Sheriff, we have, for the reasons already stated, been principally guided by the returns of the constables. But in some counties, in which there is no organized police, especially in Orkney and Shetland, we are indebted for our information to the ministers of various denominations, and to sheriff-officers. The returns from Shetland, made by the latter, are very full and satisfactory; but those from Orkney, obtained through the clergy, are considerably less definite and trustworthy.

These combined returns show the number of the insane

resident with relatives or strangers, or living alone, to amount to 3798, viz. :— Number of Insane.

Males,	2003	With Relatives or Strangers, or living alone.
Females,	1795	
Total,	3798	

Of whom 1800 were private patients, and 1998 paupers.

It further appeared that the patients in establishments not licensed according to law, amounted to 24, viz.:— In Unlicensed Houses.

Males,	6
Females,	18
Total,	24

The total number of the insane in Scotland, as ascertained from these various sources, is thus 7403, viz. :— Total Number of Insane.

Under special protection of the law,	3328
In poorhouses, but not under Sheriff's warrant,	253
With relations or strangers, or living alone,	3798
In unlicensed establishments,	24
Total,	7403

We now proceed to show the proportion of the males to the females, the proportion of lunatics to congenital cases of idiocy, the social position of the patients, and the probable proportions of the curable and incurable. Classification of Insane.

It appears that of the 7403 patients, there are—

Males,	3736	Males and Females.
Females,	3667	
Total,	7403	
Congenital idiots,	2603	Idiots and Lunatics.
Lunatics,	4800	
Total,	7403	
Private patients,	2732	Social Position.
Paupers,	4642	
Criminals,	29	
Total,	7403	

Number of Insane.

Curable and Incurable.

As some of the schedules under the statutes are framed with the view of distinguishing between curable and incurable patients, we have endeavoured to classify the insane according to their probable prospect of recovery. But we think it right to say, that we consider the distinction thus attempted to be drawn, as both inexpedient and fallacious. In insanity, the probability of recovery depends in a very great degree on the nature of the treatment. Those who under neglect remain incurable would, in many cases, be rendered curable by wisely directed efforts, and the placing of persons under the category of incurable, is not only disheartening to the patients and their friends, but is also apt to discourage the use of means calculated to promote recovery. But although for these reasons, we do not attach much value to this distinction, which must of necessity be very imperfect and unsatisfactory, we did what we could to approach to the truth in regard to it. For this purpose, we obtained from the various houses returns in which the curable and incurable patients are distinguished. These returns show, that of the 3328 insane under treatment in authorized houses, 708 were considered curable, and 2620 incurable; and that of the 277 in unlicensed poorhouses and unlicensed private establishments, 17 were considered curable, and 260 incurable; the number of congenital idiots and imbeciles, included in the returns from both descriptions of houses, being 244.

From the returns of the constables we have constructed the table in the Appendix, (A. No. II.,) which shows that, of the insane resident with relatives or strangers, or living alone, 43 had been insane less than one year; 86 had been insane more than one year, and less than three years; 1310 had been insane more than three years; and 2359 were congenital idiots or imbeciles. We had no means of determining how far the recovery of these patients was probable, except from the duration of the disorder. But if we regard one-half of those belonging to the first category, and one-fourth of those belonging to the second, as still curable, and all the rest incurable, we may classify the insane included in these returns, as consisting of 43 curable, and 3755 incurable persons.

Number of Insane.

The total number of the insane in Scotland would thus be divided into:

Curable and Incurable.

Curable lunatics, . .	768
Incurable lunatics, . .	4032
Congenital idiots and imbeciles, .	2603
Total,	7403

The distinction thus drawn, however, can only be regarded as a vague approximation to the truth.

In investigating the number and condition of the insane, certain facts were elicited to which it may be proper to advert under this head, as they have a bearing more or less direct on the main object of our inquiry.

The first of these is the very large proportion of lunatics in the pauper population as compared with the other classes of the community.

Affinity between Insanity and Pauperism.

According to the returns of the Board of Supervision, the number of paupers in Scotland, registered on the poor-roll, on the 14th of May 1855, amounted to 79,887, while the number of insane and fatuous poor, included in this number, was 3904. In other words, a population of 79,887 paupers yielded more than one-half of the whole number of the insane of the kingdom, showing the powerful affinity that exists between poverty and mental disease. Each is reciprocally productive of the other, and alternately cause and effect. A person of feeble or diseased brain, if left to his own resources, naturally sinks in the social scale, and is ultimately reduced to a state of pauperism. On the other hand, the cares that attend poverty, in conjunction with the deteriorating agency of scanty and innutritious food, have a powerful influence in weakening the mental powers, and inducing insanity. The degree, in which these two causes operate, is, however, widely different; and there is reason to think, that more individuals are reduced to poverty through a defective mental constitution, than are rendered insane through poverty.

Idiotic Women with illegitimate Offspring.

Another fact, painfully illustrative of the evils resulting from the imperfect provision for pauper lunatics, is the number of idiotic women who have borne illegitimate children, and whose mental defect is frequently manifested in their offspring. These we have ascertained to amount to not less than 126; and there is cause to be-

Number of Insane.

lieve, that many cases of this description have escaped observation; and, also, that the fact of such weak-minded females having given birth to offspring, has often, for obvious reasons, been designedly concealed. Accordingly, large as the above number appears, we are satisfied it should be taken considerably higher. It must be kept in view, too, that many of these women have given birth to several children. These are suggestive facts, to the practical bearing of which we shall have occasion to advert in a subsequent part of our Report.

Ratio of Insane to Population.

The proportion which the number of lunatics bears to the general population, as well as the modification of their proportions according to differences of locality and other circumstances, fall naturally to be considered under this head of our Report. The total population of Scotland, by the census of 1851, was 2,888,742, while the insane of every class amounted, on 14th May 1855, to 7403, yielding a proportion of 2.562 per 1000, or one insane person to every 390 of the population. This, however, can only be regarded as a probable approximation, owing to the necessity we were under of taking the population, as in 1851, for the basis of our calculations, while the number of the insane returned, is as on May 1855.

Here a very interesting question presents itself, namely, whether the ratio of lunatics to the general population is increasing or diminishing. There is an idea very generally prevalent, that the number of the insane, in proportion to the rest of the community, is decidedly on the increase, and that this result is chiefly attributable to over-exertion of the mental faculties, consequent on the cares and struggles attendant on civilisation. The principal reason for this opinion, is the always increasing pressure for the admission of patients into asylums. But the question here occurs,—Does this pressure really arise from an increase in the numbers of the insane, or is it caused by more attention being directed to their care and treatment? We have no previous enumeration of the insane in Scotland, and have, therefore, no standard by which to determine, whether their number has increased in a greater ratio than that of the rest of the community; but, even if this were found to be the case, we should not be authorized in ascribing the result to the increased activity and

Number of Insane.

Ratio to Population.

greater strain of the mental powers that accompany civilisation. The question cannot be decided by an appeal to statistical returns, for we have not information sufficient to enable us to institute any useful comparison, between the proportional numbers of the insane in those counties which have most advanced in civilisation, and in those which have lagged behind.

For, in the first place, in large cities, where there is the greatest mental activity, there, also, is the greatest physical deterioration. The energies of the working population are wasted by continuous labour, while their physical condition is lowered by a residence in unwholesome dwellings, and by the abuse of stimulating liquors to restore their exhausted powers. Experience shows that these combined influences constitute a prolific source of insanity among the crowded population of our towns. And, secondly, in those counties where thought most stagnates, a large proportion of the cases of mental disease is due to congenital causes. The population, unaffected by extraneous influences, intermarry among themselves, and the hereditary taint which is thus engendered, shows itself unmistakably in the large proportion of idiots and imbeciles. The preponderance of this cause of mental disease in remote counties, distinctly appears, on comparing the proportions of congenital cases occurring in them, with those found in southern counties, where the mental powers have been more called into action, and intermarriage is less frequent. This is shown in the following tables :—

TABLE I.

Counties remote from Influences that incite to Mental Activity.

Counties.	Population.	Number of Cases of Congenital Mental Disease.	Proportion of Congenital Cases per 10,000 of Population.
Argyle.....	89,298	133	14.8939
Caithness.....	38,709	92	23.7670
Inverness.....	96,500	91	9.4300
Orkney and Shetland	62,533	177	28.3050
Ross and Cromarty	82,707	102	12.3326
Sutherland	25,793	24	9.3048
Average.....	65,923	103	15.6242

Number of Insane.

Ratio to Population.

TABLE II.

Counties exposed to Influences that incite to Mental Activity.

Counties.	Population.	Number of Cases of Congenital Mental Disease.	Proportion of Congenital Cases per 10,000 of Population.
Dumbarton	45,103	34	7.5383
Edinburgh	259,435	*160	6.1672
Forfar	191,264	*121	6.3263
Lanark	530,169	*129	2.4331
Renfrew	161,091	*53	3.2901
Stirling	86,237	35	4.0585
Average	212,216	89	4.1938

It thus appears that a Highland population contains more than three times the number of congenital cases of mental disease found in an equal Lowland population; and that the difference becomes much greater, if the comparison be confined to single counties of the two series, as, for instance, to Lanarkshire, and Orkney and Shetland, as extreme representatives of the two classes of counties.

While, therefore, our inquiries afford no means of deciding whether or not the number of insane is actually on the increase, they afford us grounds for thinking that civilisation, which leads to an improved condition of the people, is not productive of insanity.

When comparing the proportion of the insane to the population, it should be borne in mind, that the census of 1851 has been taken as the basis of the calculation; and, accordingly, some allowance should be made for the probable increase of population since that period. In connexion with this subject, it should also be remembered, that the rate of increase varies very considerably in the different counties; the variation, in this respect, being very much greater in Scotland, than in England and Wales.

* All the cases of idiocy in the asylums and poorhouses of those counties are included in the above numbers, though many of them are from other counties.

Number of Insane.

Ratio to Population.

Thus, during a period of 50 years, namely, from 1801 to 1851, the population in Lanarkshire has increased at the rate of 258 per cent.; whereas, in the counties of Argyle and Perth, the increase has been only at the rate of 10 per cent. The increase of the whole population, during the same period, has been at the rate of 62.5 per cent.

But although the population returns of 1851, do not fully represent the present number of inhabitants in Scotland, yet as the total number of lunatics and idiots returned to us, is in all probability below the actual amount, certain additions should thus properly be made to both computations; and, accordingly, both returns may be taken in their present state as a fair basis of calculation.

In several counties, striking contrasts are observable in the density of the population, and also in the proportional number of the insane; but our returns are not of a nature to permit our drawing any statistical deductions from these facts. The sources of error would be far too numerous.

Varies in different Districts.

Calculations, founded on the returns of the Board of Supervision, show, indeed, that the proportion of pauper lunatics varies greatly in different districts, and is higher in some remote and thinly inhabited counties, than in others densely populated. But, in seeking to draw conclusions from such facts, we are apt to get upon uncertain ground; for the question immediately arises,—Whether is this variation due to differences in the amount of pauperism, or in that of lunacy? Two distinct elements come under consideration, and it is impossible to tell to what extent each is cause, and each effect. For instance, the returns of the Board of Supervision show, in Ayrshire, a proportion of .813 per 1000 of pauper lunatics to the population; and, in Lanarkshire, a proportion of .952 per 1000; while, in Argyleshire, the proportion is 1.621 per 1000. But we cannot, from these facts alone, draw the conclusion that there is less lunacy in a dense than in a sparse population; for the difference may be due to there being, proportionally, more wealth in Ayrshire and Lanarkshire, than in Argyleshire, leading, in the two first counties, to a larger proportion of the insane being supported by private funds. Again, we

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have already shown that the returns of the Board of Supervision do not afford reliable materials for estimating the numbers even of pauper lunatics; far less for determining the proportions of the insane generally, in different districts. In some counties, the difference in number of pauper lunatics returned by the Board of Supervision, and by the constables, is very great indeed. Thus, in Caithness, they amount, by the former authority, to 57, and by the latter, to 90.

In Shetland, the difference is even greater,—the numbers, according to the returns of the Board, being 20, and according to those of the constables, 55.

In reality, however, the difference is greater still; for, while the returns of the Board comprise all the lunatics chargeable as paupers, wherever they may be placed, the constabulary returns include only those that are resident with relatives or strangers or are living alone. But, perhaps, the inadmissibility of the returns of the Board of Supervision, as a foundation for minute statistical deductions, will best be shown by comparing the total number of the insane poor, as given by them, amounting to 3904, with their number, as ascertained from other sources, amounting to 4642.

The constabulary returns, though valuable in enabling us to determine the number of lunatics in the country generally, cannot, any more than the returns of the Board of Supervision, be used as a basis for calculations, having in view the demonstration of the varying amount of lunacy in different counties; because, they embrace only those cases that are left in the county, and take no cognizance of such as have been removed to asylums. Neither can the returns which show the actual distribution of the insane be used for this purpose; for the proportion of the insane would then be fallaciously increased in those counties containing asylums, by the immigration of patients; while it would be diminished, in a corresponding degree, in others. We have been led to make these remarks, for the sake of showing why we have abstained from drawing inferences which, at first sight, might, with propriety, have been expected from us; but, with the machinery at our command, it was impossible to procure returns, sufficiently precise, on which to found any

Appendix A. No. III.

statistical deductions, other than of a very general nature. We refrain, accordingly, from advancing opinions which, however true they might be, could not be confirmed by a direct appeal to the facts before us.

Number of Insane.
Ratio to Population.

There is one general truth, however, established by the returns of the Board of Supervision, and confirmed by those of the constables, which calls for some special remarks,—namely, the smaller proportion of insane paupers in districts where the population increases rapidly, than in those where it advances slowly, or is, perhaps, altogether stationary. This will be shown by placing, in one column, the counties in which, during the last 50 years, an increase of above 100 per cent. has taken place; and, in another, those in which the increase has been below 25 per cent. From this comparison, we discard the metropolitan county, as experience shows, that, in metropolitan districts, special causes came into operation to swell the list of pauper lunatics.

TABLE.

Counties in which the Increase exceeds 100 per cent.	Rate of Increase per cent. in 50 years.	Proportion of Pauper Insane to 1000 of Population.	Counties in which the Increase is below 25 per cent.	Rate of Increase per cent. in 50 years.	Proportion of Pauper Insane to 1000 of Population
Ayr,.....	125	.815	Argyle,.....	10	1.621
Clackmannan,	111	.871	Berwick,.....	20	1.603
Dumbarton,....	117	1000	Haddington,	21	2.337
Lanark, ...	258	.952	Nairn,.....	19	2.352
Renfrew,.....	105	1.152	Perth,.....	10	1.886
			Sutherland,	12	2.022
Average,	143	.978	Average,	15	1.970

The proportion of pauper lunacy in the whole of Scotland is 1.351 for every 1000 of the population; so that this average falls in the first series of counties to .978, and rises in the second to 1.970. In other words, there is, in proportion to the population, double the number of pauper lunatics in the second series as in the first series. Any attempt to afford a solution of this state of matters, must of necessity be in a great measure conjectural; but there are certain causes which, it appears to us, are worthy of notice, as powerfully contributing to produce it. These are, emigration from the stationary counties,

Number of Insane.

Ratio to Population.

and immigration into those which are progressive. The increase of the population, in the progressive counties, is not entirely due to an increase of births, nor the more stationary character of the others to a deficiency of them; but the great increase, on the one hand, and the moderate increase, on the other, are materially influenced by migration. The progressive counties are marked by an advance in industry, as well as in population; and, accordingly, offer inducements to settlers, which the stationary counties do not possess. Hence, large numbers of the population of the latter are attracted to the former, while comparatively few persons born in the first series, settle in the second. If, for example, we take the counties of Lanark and Argyle, as representatives of the two series, we find, by the returns of the census of 1851, that there are resident in Lanarkshire 14,829 natives of Argyleshire, while there are resident in Argyleshire only 2163 natives of Lanarkshire. We learn, from the same returns, that more than one-fourth of the population of Lanarkshire are natives of other districts of Scotland; and that, besides, a considerable proportion are natives of England and Ireland. It seems a natural inference, that emigrants from distant counties would not embrace in their number the weak-minded and idiotic of the community, who would, in all probability, remain in their native districts; and, in this way, there arises a double source for the disproportion of pauper lunatics to which we are alluding. Their proportionate number is decreased, in the first series of counties, by the influx of a healthy population; while it must be necessarily increased, in the second series, by the withdrawal of so many healthy members of the community.

Practical Bearing on Mode of Assessment.

The facts which we have here been endeavouring to elucidate, have a practical bearing upon the provision that ought to be made for the insane poor; for, if we are correct in our views, it follows that any legal provision, which shall be levied on districts individually, and not on the community as a whole, must act unequally, and, to a certain extent, oppressively; for the burden will fall lightest on those communities which are most able to bear it, and most heavily on those which are least able. In such a case, injustice, also, would in so far be committed, that emigrants from a stationary county would escape

the heavier rates that would there be levied, to share the lighter burdens of their adopted county; leaving the care of the insane poor of their native district to fall upon a community deprived of a large proportion of its most active and useful members. These are questions which would deserve consideration in framing any general enactment for the care of the insane. To what extent emigration to America and Australia affects the proportional number of the insane in different counties, is also a question of interest, but is one which lies beyond our immediate inquiry.

Number of Insane.

Ratio to Population.

Distribution of the Insane.

The numerical distribution of the insane in the different counties, is shown in several tables in the Appendix; we shall, therefore, now confine ourselves to defining the various classes of houses appropriated for their reception, and noting the numbers in each. In so doing, we shall make a distinction between those houses in which the insane are under the official cognizance of the Sheriff, and those in which they are not so placed.

In Recognised Houses.

I. The houses in which the insane are received, under cognizance of the Sheriff, consist of—

1. Chartered asylums.
2. Public asylums without a charter.
3. Poorhouses receiving patients either in separate wards, or in common with ordinary paupers.
4. Private licensed houses.
5. Houses for single patients reported to the Sheriff.
6. Prisons.
7. Schools for idiots.

On the 14th May 1855,* the insane, under the special guardianship of the law, were distributed in the various houses, as follows :—

In chartered asylums, . . .	2123
„ public asylums without charter,	40
„ licensed poorhouses, . .	423
„ licensed private houses, .	657
Carry forward,	3243

* This date does not apply to the School for Idiots in Edinburgh, from which the returns were obtained at a later period.

Distribution of Insane.

	Brought over,	3243
In reported houses,	. .	41
„ prisons,	. . .	29
„ schools for idiots,	. .	15
	Total,	3328

In Unrecognised Houses.

II. The houses in which the insane are received without the cognizance of the Sheriff are—

1. Unlicensed poorhouses,
2. Private houses not reported to the Sheriff in terms of the law, and houses of relatives.
3. Unlicensed private establishments.

The number of the insane in unlicensed poorhouses, on 14th May 1855, was	253
In private houses not reported to the Sheriff, and houses of relatives,	3798
In unlicensed private establishments,	24
Total,	4075

Of Private Insane.

The 2732 private patients were distributed as follows:

In chartered asylums,	. .	652
„ licensed houses,	. .	231
„ poorhouses,	. . .	9
„ reported houses,	. .	10
„ schools for idiots,	. .	12
„ unlicensed establishments,	.	18
With relatives,	. .	1453
With strangers,	. .	297
Not under care of any one,	.	50
Total,		2732

Of Pauper Insane.

The 4642 paupers were disposed of as follows:—

In chartered asylums,	. .	1511
„ licensed houses,	. .	426
„ poorhouses,	. . .	667
„ reported houses,	. .	31
„ schools for idiots,	. .	3
„ unlicensed establishments,	.	6
Carry forward,		2644

Distribution of Insane.

	Brought over,	2644
With relatives,	. .	1217
With strangers,	. .	640
Not under care of any one,	.	141
	Total,	4642

Of Insane Resident with Relatives and Strangers.

The constabulary returns show that there are 3607 single patients resident with relatives, or placed under the charge of strangers, and that they are distributed as follows, viz.:—

Patients not paupers—		
With relatives,	. . .	1453
With strangers,	. . .	297
	Total,	1750
Paupers—		
With relatives,	. . .	1217
With strangers,	. . .	640
	Total,	1857

Of Insane living alone.

As many as 191 patients are reported to have no one in charge of them. Of these, 50 are independent of parochial relief, and 141 are paupers.

We may here notice a remarkable peculiarity in reference to the pauper patients placed under the charge of strangers. According to the returns of the Board of Supervision, 333 are so disposed of, of whom only 115 are males, and as many as 218 females. Of the 640 patients of this class returned by the constables, 278 are males, and 362 females; so that the number of females preponderates considerably in both returns. Any explanation of this fact can be only conjectural, but it is probably connected with the greater facility, experienced by parochial boards, of finding accommodation with strangers for females than for males. On the other hand, of the 297 patients, not paupers, returned by the constables as resident with strangers, as many as 170 are males, and 127 females. This difference of result is possibly dependent on the difference of social position of the patients; but our materials do not warrant us in doing more than directing attention to the question.

Distribution of Insane.

We have already explained that we are indebted chiefly to the returns of the constables, for the numbers of the insane resident in private houses. These returns, however, we are aware, are not altogether complete. In the large towns, and more especially in Edinburgh and Glasgow, the police have not reliable means of ascertaining the numbers of the insane in private houses, and hence it is more than probable that many cases have escaped enumeration, particularly of the milder forms of insanity, which would not attract the attention of police constables in the same manner as cases characterized by violence, or other prominent indications of mental disturbance.

Explanation of Tables of the Number and Distribution of the Insane.

Appendix A. No. I.

The first table in the Appendix is founded on returns made to the Board of Supervision, and not only gives the total number of the insane poor in Scotland, as reported by the inspectors of the poor, but states the numbers belonging to each parish individually, and shows the description of house in which they are placed. In this table, the population of the counties is that adopted by the Board of Supervision, who, when a parish lies partly in one county and partly in another, reckon the whole parish as belonging to that county which contains the larger proportion of its population.

Appendix A. No. II.

The second table, founded on the returns of the constables, shows the numbers of the insane, both private and pauper, resident with relatives or strangers, or living alone, in every county; but with a view to limit the size of the Appendix, the numbers belonging to individual parishes are not given.—The population in this table is according to the returns of the Registrar-General.

Appendix A. No. III.

The third table shows the total number of the insane in Scotland, and the manner in which they are actually distributed in the different counties.

Appendix A. No. IV.

The fourth table shows the number of pauper lunatics from each county in Scotland, who were under treatment in public asylums, on the 1st of January 1856, and distinguishes the asylums in which they were placed.

EXISTING ACCOMMODATION FOR THE INSANE.

Accommodation for Insane.

We now proceed to state the extent of accommodation provided for the insane, first, in public institutions; secondly, in private establishments.

The distinction which we make between these two classes of houses consists in this, that the first are under the superintendence of persons having no immediate pecuniary interest in their management; and the second are conducted by individuals whose pecuniary advantage is directly concerned.

1. *Accommodation in Public Institutions.*

A. In Chartered Asylums.

In Chartered Asylums.

The Chartered Asylums are seven in number, viz.:

1. The Royal Asylum, Aberdeen.
2. The Crichton Institution, Dumfries, including the Southern Counties' Asylum.
3. The Royal Asylum, Dundee.
4. The Royal Asylum, Edinburgh.
5. The Royal Asylum, Glasgow.
6. The Royal Asylum, Montrose.
7. James Murray's Royal Asylum, Perth.

The estimated accommodation afforded by these asylums, together with the numbers of insane actually accommodated in them, on 14th May 1855, appear in the following table:—

Name of Asylum.	Estimated Accommodation.						Total.	Number of Insane actually accommodated.						Total.	Vacant Accommodation.						Total.	Excess of Patients above Estimated Accommodation.						Total.
	For Private Patients.			For Pauper Patients.				Private Patients.			Pauper Patients.				For Private Patients.			For Pauper Patients.				Private Patients.			Pauper Patients.			
	M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.		M.	F.	T.	M.	F.	T.	
Aberdeen,	35	35	70	100	100	200	270	29	21	50	97	126	223	273	6	14	20	3	...	3	23	...	...	...	...	26	26	26
Dumfries,	55	55	110	92	92	184	294	67	55	122	114	78	192	314	...	...	...	...	14	14	14	12	...	12	22	...	22	34
Dundee, ...	20	22	42	100	75	175	217	17	21	38	100	75	175	213	3	1	4	...	...	...	4	...	...	...	...	...	...	...
Edinburgh,	30	30	60	188	219	407	467	84	92	176	187	194	381	557	...	...	...	1	25	26	26	54	62	116	...	...	...	116
Glasgow,...	91	80	171	146	143	289	460	85	69	154	133	130	263	417	6	11	17	13	13	26	43	...	...	...	...	...	...	...
Montrose,	18	24	42	80	81	161	203	18	24	42	75	99	174	216	...	...	...	5	...	5	5	...	...	...	...	18	18	18
Perth, ...	41	36	77	53	53	106	183	43	27	70	33	30	63	133	...	9	9	20	23	43	52	2	...	2	...	...	...	2
Total,	290	282	572	759	763	1522	2094	343	309	652	739	732	1471	2123	15	35	50	42	75	117	167	68	62	130	22	44	66	196

This table requires a note of explanation. In the first columns, "Accommodation for Private Patients," means the estimated accommodation for patients paying higher rates than paupers; while "Accommodation for Pauper Patients," means the estimated accommodation for all who are received at pauper rates, whether they are parish paupers or not. Accordingly, the columns headed "Private Patients," in the second division, embrace many belonging to this class who are in the pauper wards. For instance, the accommodation in the Edinburgh Asylum, for private patients, is estimated at 60, while 176 are accommodated; and the accommodation for paupers is stated at 407, while only 381 are accommodated. Hence, it might be inferred, that there is actually an overcrowding of the private department, with vacant accommodation in the pauper wards. But, by far the greater number of the 176 private patients are at pauper rates, and inmates of the pauper wards. It follows that, although the number of parish paupers is not equal to the estimated pauper accommodation, the pauper wards are, nevertheless, greatly overcrowded. It may here, also, be remarked, that the estimated accommodation is given according to the returns of the asylums, and its statement does not, necessarily, imply our concurrence that the accommodation is as large as is represented.

B. In Public Asylums not Incorporated.

Accommodation for Insane. In Public Asylums.

The only institution of this kind in Scotland is that of Elgin. It receives paupers exclusively, and contained, on 14th May 1855, 22 male, and 18 female patients; there being at the same time vacant accommodation for 1 male, and 5 females.

C. In Poorhouses with Separate Wards for the Insane.

In Poorhouses with separate Wards.

The number of poorhouses with separate wards for lunatics, the numbers of patients in each house, and the vacant accommodation, on 14th May 1855, were as follows:—

Name of House.	Number of Insane.							Vacant Accommodation.		
	Private Patients.*			Pauper Patients.			Total.	For Males.	For Females.	Total.
	M.	F.	T.	M.	F.	T.				
Abbey, Paisley,	3	...	3	25	29	54	57	12	11	23
Aberdeen,.....	...	...	...	18	8	26	26	7	17	24
Barony, Glasgow,	...	...	...	48	68	116	116	22	12	34
Dunfermline, ...	...	...	...	6	9	15	15	4	3	7
Edinburgh,.....	...	...	...	27	71	98	98	23	23	46
Falkirk,.....	1	2	3	9	12	21	24	5	1	6
Glasgow,.....	...	...	...	37	35	72	72	47	51	98
Greenock,.....	...	...	...	16	31	47	47	19	4	23
Leith, South,....	...	...	...	5	11	16	16	10	4	14
Old Machar, (Aberdeen,)...	...	...	...	4	6	10	10	14	12	26
Paisley,.....	...	1	1	7	12	19	20	14	14	28
Rhinns of Galloway Combination,.....	...	...	...	1	4	5	5	5	2	7
Total,.....	4	3	7	203	296	499	506	182	154	336

D. In Prisons.

In Prisons.

The only other public institution in Scotland, specially adapted for the reception of the insane, is the lunatic department of the General Prison at Perth. On 31st March 1855,† it contained 21 male, and 6 female criminal lunatics; and there was vacant accommodation for 14 males, and 7 females.

E. In Poorhouses without Separate Wards for the Insane.

In Poorhouses without separate Wards.

Those poorhouses in which the insane are placed with the ordinary paupers, although public institutions, cannot

* Private patients are occasionally received as "boarders" in poorhouses.

† The returns to the General Board of Prisons close on the 31st March, and we did not consider it necessary to call for a special return. They include two patients in county jails, making, at 31st March, 29 lunatics in prisons.

Accommodation for Insane.

In Poorhouses without separate Wards.

be regarded as houses adapted for the reception of the insane; nor be considered as affording them accommodation, except for the mere purpose of detention. We shall therefore merely give their names, with the numbers of the insane in each :—

Name of House.	Number of Patients.
Ayr,	6
*Barony, Glasgow,	35
Dalkeith Combination,	8
Dumfries,	6
*Dunfermline,	2
Easter Ross Combination,	3
*Glasgow,	17
Govan, Glasgow,	4
Inverness,	3
Jedburgh Combination,	1
Kelso Combination,	3
Kirkcaldy Combination,	36
Kirkpatrick-Fleming Combination,	3
St. Cuthbert's, Edinburgh,	43
Total,	170

Summary of Distribution of Insane in Public Institutions.

It thus appears that there are in Scotland 2868 lunatics in public institutions, of whom 659 are private patients, 2180 are in receipt of parochial relief, and 29 are in prisons. It further appears that there was, on 14th May 1855, vacant accommodation for 57 private patients, and for 352 paupers, nearly the whole of the vacant provision for the latter being in workhouses which, as will be shown hereafter, do not afford suitable means for their care and treatment. From these numbers, also, ought properly to be deducted, the surplus population of the overcrowded chartered asylums, amounting to 196. The principal cause of the vacancies in poorhouses is chiefly due to the recent opening of the greater number of them, sufficient time not having as yet elapsed to permit their being filled up. It is also partially due to the accommodation they afford being reserved for particular parishes. The vacant room in the Glasgow and Perth Asylums arises from exceptional causes, which will be be explained in the sequel.

* These houses possess separate wards for the insane, and on this account are already entered in the preceding table. The patients here enumerated are associated with the ordinary paupers.

2. *Accommodation in Private Establishments.*

A.—In Licensed Houses.

Accommodation for Insane.

In Licensed Houses.

The number of insane in private licensed houses, is 657; but, as with few exceptions, these houses are extremely overcrowded, the accommodation they provide must be regarded as more than fully occupied. Their number, on 14th May 1855, was twenty-three. Their names and localities, and the number of patients contained in each at that date, are given in the following table:—

County.	Name and Locality of House.	Proprietor.	Number of Patients.						Total.
			Private.			Pauper.			
			M.	F.	T.	M.	F.	T.	
Aberdeen,.....	Middlefield, Old Machar.	Richard Poole, M.D.	5	4	9	...	...	...	9
Ayr, ...	Ryefield House, Dalry.	Dr. Hugh Aird Galbraith.	...	...	...	...	...	...	...
Edinburgh, ...	Eastfield, near Joppa.	Miss Mary Wotherspoon.	...	1	1	...	...	...	1
	Eastport House, Musselburgh.	John Scott.	1	1	2	6	13	19	21
	Hallcross House, Musselburgh.	Miss L. Reid and Mr. G. Reid.	4	8	12	29	42	71	83
	Hawkfield, South Leith.	Dr. Chapman.	14	16	30	...	...	...	30
	Lilybank, Musselburgh.	Robert Aikenhead.	...	...	...	38	35	73	73
	Market Street, Musselburgh.	Miss Campbell.	...	1	1	...	...	...	1
	Market Street, Musselburgh.	Mrs. Monro.	...	1	1	1	1	2	3
	Millholme House, Musselburgh.	Peter Mackay.	4	8	12	22	25	47	59
	Newbigging House, Musselburgh.	Abram Moffat.	7	6	13	33	35	68	81
	Newbigging, Musselburgh.	Mrs. Emilia Brownlee.	2	9	11	...	1	1	12
	Pennywell House, Grange Loan, Edinburgh.	Mrs. Janet Hewitts.	1	2	3	...	...	...	3
	Saughtonhall, Slateford.	Dr. Smith and Dr. Low.	21	19	40	...	...	...	40
	Seabank House, Musselburgh.	Alex. Moffat.	...	1	1	...	...	...	1
	Shepherd House, Inveresk.	Thomas Thomson, Surgeon.	1	...	1	...	...	...	1
	Whitehouse, Inveresk.	Mrs. Catherine Thomson.	17	24	41	...	...	...	41
Haddington, ...	Lunatic Asylum, Tranent.	George Davie.	...	1	1	7	5	12	13
Lanark,.....	Langdale House, Bothwell.	Dr. Henry Muirhead.	3	5	8	37	41	78	86
	Garngad House, Glasgow.	Dr. James Hill.	8	10	18	...	...	...	18
	Springbank Retreat for Insane Ladies, Glasgow.	Misses Mary Barry and Margaret Anderson.	...	7	7	...	...	...	7
	Blackfauld Private Lunatic Asylum, Rutherglen.	Miss Elizabeth Anderson.	1	3	4	...	...	...	4
Renfrew, ...	Hillend, Greenock.	Robert & James Thomson.	10	5	15	30	25	55	70
			99	132	231	203	223	426	657

Accommodation for Insane.

B. In Private Houses reported to the Sheriff, and in Houses of Relatives and Strangers not reported.

In Private Houses.

The accommodation for the insane in these houses, is limited only by the demand, but, with the exception of the comparatively small number of reported houses, it cannot in general be regarded as of a kind calculated to ensure the proper treatment of the patients. A comparison of the returns made by the Board of Supervision for the Relief of the Poor, and those transmitted to us by the constabulary force, will show, in many parishes, a great difference in the numbers of the insane poor, resident with relatives or strangers. This arises from two causes; first, that the inspectors frequently extend relief to insane or fatuous paupers, without reporting them as such; and hence the numbers reported by the constables are, in most of the counties, considerably in excess of the returns made by the Board of Supervision; and secondly, from the two series of returns being made on a different plan. The Poor-law returns give the number of insane paupers relieved by the parish, wherever they may be resident; while the constabulary returns report only the insane paupers actually resident in each parish. The number of insane poor, resident with relatives or strangers, or living alone, appears to be 1363, according to the returns of the Board of Supervision, and 1998 according to those of the constables. The number of private insane, under the same circumstances, is, according to the constabulary returns, 1800.

The number of patients in houses reported to the Sheriff, included in these numbers, is only 41; and hence it is evident, when the numbers just stated are borne in mind, and it is remembered that every house, in which a patient is received for gain or reward, should by law be reported, that the provisions of the statutes in this respect have been almost entirely disregarded. The number of patients in unlicensed establishments is 24.

C. In Schools for Idiots.

In Schools for Idiots.

There are two institutions for idiot children in Scotland, one at Baldovan, near Dundee, and the other in Gayfield Square, Edinburgh. Both are of recent origin, and, at the period of our returns, the first contained 10

pupils, and the second 5. They are calculated to receive a considerably greater, but indefinite number. Accommodation for Insane.

There can be no doubt that the public accommodation provided for the insane in Scotland is insufficient to meet the wants of the community. We shall have occasion to allude to this subject in another part of this Report.

In considering the number of insane patients belonging to each county, and tracing where they are placed, several general facts and remarkable contrasts are observable, which we think it right to note here, as having an important bearing on the practical suggestions we propose hereafter to offer. Influence of Accommodation on Distribution.

In remote districts, having no asylums, it will be observed that a large proportion of the patients are placed with relatives and strangers. For instance, following the returns of the Board of Supervision, we find that the counties of Caithness, Sutherland, Ross and Cromarty, and Inverness, with a joint population of 245,472, and containing 373 pauper lunatics, place these patients as follows, viz. :—

In chartered asylums, . .	70
„ licensed houses, . . .	24
„ poorhouses, ...	5
With relatives and strangers, .	274

Whereas, the county of Forfar, with a population of 191,247, and containing 309 pauper lunatics, places

In chartered asylums, . . .	253
„ licensed houses, . .	1
„ poorhouses, ...	4
With relatives and strangers, .	51

Forfarshire thus affords a fair example, illustrative of the good effect resulting from the existence of unexpensive provision for the insane, within a convenient distance from the homes of the patients. In this county there are two chartered asylums, and the practical result of this amount of provision, is the accommodation in them of 253 of the 309 pauper lunatics belonging to the county. In no other county in Scotland are such favourable results obtained.

Accommodation for Insane, — Influence on Distribution.

In some counties, which have all chartered asylums, marked distinctions are likewise noticeable. Thus, in the county of Aberdeen, where there are 271 pauper patients, they are placed as follows, viz. :—

In Chartered asylums . .	171
„ licensed houses, . . .	3
„ poorhouses, . . .	25
With relatives and strangers, .	72

Whereas, in Perthshire, with 261 pauper patients, they are placed as follows, viz. :—

In chartered asylums, . .	86
„ licensed houses, . .	55
„ poorhouses, . . .	2
With relatives and strangers, .	118

Obvious reasons for the small number of patients placed in the chartered asylum, at Perth, will be subsequently stated.

We further find that of the 508 pauper lunatics belonging to Lanarkshire, only 161 are placed in chartered asylums. Of the remainder, 202 are in poorhouses, 82 in licensed houses, and 63 with relatives and strangers. But we have seen that the Glasgow Asylum provides accommodation for 289 paupers; so that there is accommodation, in chartered asylums in the county, for 88 more paupers than are sent by the county, and which must either be vacant, or be filled by patients from other counties. Table IV. Appendix A. shows us how this matter stood on 1st January 1856. The number of pauper lunatics sent to chartered asylums from Lanarkshire had diminished from 161, as it stood on 14th May 1855, to 140; and of this number only 120 were in the Glasgow Asylum, which contained, besides, 135 pauper lunatics from other counties. There remained vacant accommodation for 34 pauper patients. Some causes must therefore be in operation, in Lanarkshire, which induce parochial boards to seek accommodation for their pauper lunatics elsewhere than in the Glasgow Asylum; what these are will appear in the sequel.

The other counties, sending the principal part of

their pauper lunatics to the Glasgow Asylum, are those of Argyle, Ayr, Dumbarton, and Stirling. At present, these counties possess no accommodation of their own for lunatics, (except the lunatic wards of the Falkirk poorhouse,) and have thus no choice but to send their insane poor wherever they can be received; but the same causes which, in Lanarkshire, are checking the transmission of patients to chartered asylums, extend to these counties also; and there are indications, in the preparations making for attaching lunatic wards to poorhouses, that they are about to produce corresponding results.

Accommodation for Insane. — Influence on Distribution.

By the returns of the Board of Supervision, the number of pauper lunatics sent from each parish and county to licensed houses is determined, and it is worthy of remark that a large proportion of the patients in these houses have been removed from the counties to which they belong. Thus it appears, that of the 524 pauper patients so placed, there were in houses, situated in the counties to which the lunatics belong, only 167 patients; whereas in houses situated in distant counties, there were as many as 357 pauper inmates. These returns, however, do not discriminate the individual houses to which patients are sent. We made some researches on this head, with the view of ascertaining from what districts particular licensed houses principally derive their patients. We have arranged the results in the following table which embraces the four principal Musselburgh houses which receive paupers; and the two Western houses of Langdale and Hillend. From these it appears that proximity and facility of communication, exercise a material influence on the distribution of the patients. We should, however, remark, that very frequently the patients are not sent directly from the parishes to the licensed houses, but are transferred to them from the chartered asylums. To what extent this is occasionally the case, may be inferred from the fact, that of the 136 patients sent to Lilybank, at least 57 had been removed from other asylums:—

Pauper Insane sent to distant Licensed Houses.

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Accommodation for Insane.

Influence on Distribution.

TABLE showing the Counties from which Pauper Lunatics are sent to the following Licensed Houses, viz.:—Lilybank House, Newbigging House, Hallcross House, and Millholme House, at Musselburgh; Langdale House, Lanarkshire; and Hillend House, Renfrewshire; and the Number of Patients from each County, received into these Houses, during the five Years ending 14th May 1855.

COUNTIES.	MUSSELBURGH HOUSES.				TOTAL.	WESTERN HOUSES.		TOTAL.
	Lily-bank.	New-bigging.	Hall-cross.	Mill-holme.		Lang-dale.	Hill-end.	
Aberdeen,	...	...	...	...	...	...	1	1
Argyle,	8	1	5	1	15	4	11	15
Ayr,	...	...	...	...	...	4	56	60
Berwick,	1	21	10	6	38	...	...	...
Bute,	...	...	...	...	...	...	4	4
Caithness,	1	...	3	1	5	...	...	...
Clackmannan,	...	13	2	...	15	...	...	...
Dumbarton,	...	1	...	...	1	5	10	15
Dumfries,	...	...	1	...	1	...	...	...
Edinburgh,	25	28	14	16	83	...	...	...
Fife,	49	7	21	41	118	...	1	1
Haddington,	6	13	35	2	56	...	...	...
Inverness,	...	6	...	1	7	...	6	6
Kinross,	...	1	1	2	4	...	...	...
Lanark,	...	1	...	3	4	207	31	238
Linlithgow,	...	4	6	1	11	...	...	...
Peebles,	7	...	...	5	12	...	...	...
Perth,	38	7	8	1	54	...	3	3
Renfrew,	...	...	...	...	...	19	133	152
Ross & Cromarty,	...	2	...	1	3	...	1	1
Roxburgh,	...	20	11	7	38	...	...	...
Selkirk,	...	4	...	4	8	...	...	...
Stirling,	...	2	19	...	21	2	1	3
Sutherland,	...	...	...	5	5	...	...	...
Zetland,	...	...	2	...	2	...	...	...
Unknown,	1	...	...	...	1	...	1	1
	136	131	138	97	502	241	259	500

CONDITION OF ASYLUMS AND OTHER ESTABLISHMENTS FOR THE INSANE IN SCOTLAND.

HAVING stated the numbers of the insane in Scotland, and the amount and kind of accommodation provided for them, together with their proportionate distribution in the different classes of houses, we now proceed to consider the condition of these houses, the way in which they are conducted, and the treatment of the patients contained in them.

In order to ensure accuracy, though at the risk of some repetition, we shall consider the subject under distinct heads, and treat separately of the several descriptions of houses in which the insane are resident.

In the Appendix will be found a detailed description of each asylum, licensed house, and poorhouse, in which lunatics are received.

We visited and examined the whole of them, and have drawn our conclusions from personal observation, and from the evidence recorded in the Appendix.

In the case of the public asylums, we have also appended an account of the origin and constitution of each institution, derived from materials furnished to us by their respective secretaries.

We shall first consider the condition and management of the insane in the chartered asylums, and report successively of their treatment in licensed houses, in poorhouses, in houses reported to the Sheriff, in prisons, in private houses omitted to be reported to the Sheriff, in the houses of relatives, and, lastly, in schools for idiots.

CHARTERED ASYLUMS.

Introductory Remarks.

The existing accommodation provided for the insane in Scotland, is a proof of the interest there excited by this most destitute portion of the community. For,

Condition of Establishments.

Chartered Asylums.

Introductory Remarks.

though no legislative enactments have compelled the erection of asylums for pauper lunatics in this portion of the kingdom, we find here several large institutions, founded, and in a great measure maintained, by the exertions and benevolence of private individuals. These institutions, commonly called chartered asylums, from the circumstance that each has a royal charter of incorporation, are designed not only for the reception of pauper patients, but also of those whose means enable them to defray the expense of care and treatment suitable to a higher station in life. They also afford some assistance to those reduced in circumstances, who, from their previous habits, can appreciate, but are not able to pay for, a better style of accommodation.

There are, at the present time, seven establishments of this nature, capable of admitting 572 private, and 1522 pauper patients.

Although this amount of accommodation does not, by any means, meet the requirements of the country, yet it is satisfactory to find that so large a provision has been voluntarily made; and we would fain hope that this fact indicates the existence of such an amount of solicitude for the insane, as will lead, ere long, to the establishment of sufficient accommodation to supply the wants of the country in every district.

It is due to all parties concerned in establishing and conducting the chartered asylums in Scotland, to express our high admiration of the motives which have led them to provide such means of succour and restoration for the insane. We have reason to believe that no country, proportionately to its population, has voluntarily done so much for this class of sufferers; and, although it may be said, that Scotland presents an unfavourable contrast with most civilized states, in not having any national institutions for the reception of its insane poor; yet, as regards those erected by private benevolence, it may claim a marked and honourable distinction.

It is to be observed that the directors of chartered asylums, have not only shown themselves willing at all times to advance the condition of the institutions under their charge; but they have at once abandoned sites and buildings which experience had proved to be objection-

able; and have also taken means to provide additional accommodation, so as to meet the increasing wants of the community.

Condition of Establishments.

Chartered Asylums.

Introductory Remarks.

A few years ago, the Glasgow Asylum having become unsuitable for the proper treatment of patients, owing to the extension of the city in that direction, the property was disposed of, and a new and more eligible site obtained at a large outlay. At the present time, also, the governors of the Montrose Asylum are about to abandon the existing premises, and to erect a larger and more suitable building, in a better situation, and at a greater distance from the town.

In addition to these instances of a desire to institute better establishments, by giving up old and objectionable sites and buildings, it is worthy of remark, that increased accommodation is now in the course of erection at the Aberdeen and Edinburgh Asylums, and that enlargements are contemplated at Dumfries.

Great exertions were lately made to erect an asylum at Inverness, and subscriptions were obtained to the amount of £5000. In consequence, however, of a rumour that district asylums were about to be provided by Government, and in expectation that such would be the case, the money was returned to the subscribers. The project, however, has not been abandoned, as is shown by a memorial recently addressed by the parochial board of Inverness to the Board of Supervision, praying for their co-operation and assistance in providing suitable accommodation for the insane poor of the northern counties; and, we believe, the cause of delay is now principally owing to a desire to see what steps are likely to be taken in consequence of this Report.

The subject of chartered asylums is one of such importance, that we have deemed it necessary to give in the Appendix a history of the foundation and progress, as well as the present condition of each establishment, at considerable length. The distinctive peculiarities in each are thus brought forward, and the facts so collected may serve a good purpose, by tending to elevate the condition of existing asylums, and to promote the foundation of others in districts at present totally unprovided for.

An important fact is deducible from the histories

Condition of Establishments.

Chartered Asylums.

which we have thus collected, namely, that the building and grounds being provided, the institution becomes self-supporting, the payments made for the care and treatment of the patients covering all current expenses.

In reference to their origin, it will be observed, that when hospitals for the insane have been connected with infirmaries, they have always sprung from the latter, as subsidiary establishments, except in the case of Montrose, which presents a remarkable instance to the contrary. Here the hospital for mental affections has been placed in a primary, and that for bodily complaints, in a secondary position.

Origin.

Origin.

The Chartered Asylums have been erected with funds derived from legacies, subscriptions, and donations, and have afterwards been extended by additional contributions, and the profits derived from payments for patients.

One only, the Morningside Asylum at Edinburgh, has received any assistance from Government, and this to the amount of £2000 only, being a part of the money derived from the sale of the estates forfeited in the rebellion of 1745. The total capital expenditure made by the several chartered asylums, for land, buildings, and furniture, amounted, in 1855, to the sum of £352,632; which, with the exception of the £2000 above named, and the sums accumulated from payments on account of patients, have all been derived from charitable sources.

The current annual expenditure in the chartered asylums is met by the payments on account of patients, aided by occasional legacies and contributions; and the rates of payment have generally been fixed on such a scale as to leave a surplus over the expenditure.

Locality.

Locality.

The locality of an asylum exercises a positive though indirect influence upon the condition of the patients. The chartered asylums were originally built to supply local wants; they are thus concentrated in populous districts, leaving the thinly-peopled counties unprovided with accommodation. Accordingly, while there are two chartered asylums in the county of Forfar, there is not

Condition of Establi ments.

Chartered Asylums.

Locality.

one in any county within the Highland line—the only provision beyond Aberdeen being the small pauper institution at Elgin.

When once an asylum is established, it is found more easy to provide further accommodation for the insane, by extending its buildings, than by erecting a new institution. An accumulating fund is formed from the surplus of the payments for patients, aided by donations and subscriptions, by means of which, in the course of time, the Directors are enabled to extend the house. It is in this way that several of the old asylums have apparently out-grown the wants of their own immediate districts, and now draw many of their patients from localities more or less remote. The number of pauper patients from the various counties, in each asylum, is shown by Table IV. Appendix A.

It may, indeed, be a question, whether, if licensed houses were closed against the admission of pauper patients, and poorhouses were restricted to the reception of imbeciles, the accommodation provided by any of the chartered asylums would in reality exceed the wants of its own neighbourhood. In one county only, that of Forfar, is it probable that such a result would follow; for here, with 309 pauper lunatics belonging to the county, there is accommodation, in the Asylums of Dundee and Montrose, for 336 patients of this class. Practically, however, an excess of local accommodation is everywhere presumed to exist; and the result is to prevent the establishment of new asylums in remote districts; and, consequently, as will presently appear, to exercise a most unfavourable influence on the condition of the insane in those localities.

Remoteness from an asylum affords a temptation to detain the insane poor at home, so long as they are peaceable and manageable; and it is only when they become ungovernable, troublesome, dirty, or expensive, that the parishes consider it their interest to take measures for their removal. But, in the meantime, the malady has become confirmed, and neglect has established many bad habits. Hence it is, that patients from remote districts, when they at length find their way to the southern asylums, are not only generally incurable, but are

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Locality.

also dirty, violent, and unmanageable. Hence, also, the condition of an asylum receiving any considerable number of such patients is injuriously affected; for not only do they engross a great share of the time and attention of the attendants, but they have a tendency to communicate a lower tone to the institution, and to deteriorate the condition of the other inmates. The patience both of physician and attendants is apt to become exhausted, and they are induced to have recourse to seclusion, and to adopt contrivances to palliate bad habits, instead of attempting the difficult but not hopeless task of effecting a cure.

The asylums that suffer most from the admission of patients of this description, are those of Aberdeen, Montrose, Glasgow, and Edinburgh: the two former, owing to their comparative vicinity to the Highland districts; the two latter to the facility of intercourse by means of steamers.

Site, Size, and Construction.

Site.

The important influence exercised upon the inmates of asylums, by the nature of the sites upon which they are built, can hardly be over-estimated. With the exception of the institution at Montrose, the sites of all the chartered asylums are well selected, although few possess sufficient land to afford full agricultural employment for the male patients.

They are generally placed in elevated situations, commanding agreeable prospects, and, although at a sufficient distance from a town to secure privacy to the inmates, and to enable the patients to take undisturbed exercise beyond the limits of the premises, yet they are not so remote as to shut out the officials and servants from general society, nor to prevent the more trustworthy patients from enjoying the benefit of an occasional visit to the public amusements of a city.

Size.

The size of an asylum has a considerable influence upon the condition of the patients; and it may be considered as a settled rule, that, everything else being equal, moderate-sized asylums can be more efficiently conducted than large institutions.

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Chartered Asylums.

Size.

It will be seen by reference to Appendix B, that the chartered asylums vary considerably in size,—the largest, that of Edinburgh, containing accommodation for 467 patients, whilst the Perth Asylum only accommodates 183. In addition to the advantages to be derived from treatment in an asylum of moderate size, there can be no doubt that large central establishments are not so well adapted to meet the wants of the community, as smaller local asylums, to which patients could be readily sent. Besides, we have reason to believe that the patients themselves prefer the smaller houses, where their individuality is more recognised, and where they have a more home-like feeling.

Construction.

Most of the chartered asylums are well constructed, and afford good accommodation to the inmates. In some, however, faulty arrangements are observable, such as double galleries, stone floors, deficient means of warming and ventilating, and objectionable arrangements for the seclusion of refractory patients in dark rooms. In a few of the houses, two existing peculiarities are worthy of remark,—namely, central inspection staircases, and open spaces on the upper stories.

The Asylum of Perth, and the Crichton Institution at Dumfries, are constructed upon a somewhat similar plan. Each has a central staircase, with a curiously contrived double wall; and the galleries, which radiate from the staircase, can all be inspected through glazed apertures over the doors.

There are also at Perth, Dumfries, and Morningside, open spaces, or external galleries, which appear to have been designed to afford the patients the means of taking some amount of air and exercise during unfavourable weather. They are enclosed externally by strong wire, or light iron work. The arrangement is costly, and presents a very objectionable and cage-like appearance, both from within and without.

We cannot recommend inspection staircases or external galleries for new asylums, both on the ground of their being expensive in construction, and also because they do not serve a good purpose, either as respects the management or treatment of the patients. We are disposed to advocate the erection of more simple and

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Chartered Asylums.

Construction.

ordinary buildings for the poor, having a more domestic aspect and arrangement. Greater economy in construction, and a larger amount of comfort to the inmates, would, we conceive, be obtained, if all the internal space were made available, as far as practicable, for sleeping accommodation, and for day-rooms from which a ready access to the open air could be obtained. In support of this opinion, and also as showing the disadvantages of very extensive galleries, we refer to the evidence of Sheriff Gordon and Dr. Renton, on the Edinburgh Asylum, and of Dr. Rainy on the Glasgow Asylum. The last, when speaking of the Paisley paupers, said,—"They wished to get back to Paisley; they felt themselves lost in Gartnavel." There is little doubt that to be near home, and to be surrounded with homely objects, in dwellings having a domestic character, and affording opportunities for ordinary daily occupation in household work, by arrangements familiar to them at home, are grateful to the feelings of poor patients, who, generally, prefer an inferior description of accommodation of this kind to the spacious galleries provided in some of the public asylums. In such plain, domestic buildings, a more contented frame of mind is likely to arise, which is highly important as conducive to mental restoration. These apparently trifling arrangements assume a degree of importance, when it is considered that, by recalling past impressions, awakening deadened sympathies, and reviving former habits and customs, they may become the means of arresting the aberration of a diseased mind, and of restoring it to healthy action.

In general, the buildings are well arranged as to aspect. In some establishments, however, the importance of a southern exposure for the rooms occupied by the patients, as well as for the airing-grounds, has not been sufficiently attended to.

We were desirous to give, in the Appendix, plans of the whole of the chartered asylums, and for this purpose made application to their respective secretaries for the necessary draughts. We, however, relinquished this intention on finding that it would be necessary to get entire surveys made of some asylums, of which no plans existed, and, materially, to alter existing plans of

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Chartered Asylums.

Construction.

others, in order to place them in accordance with the present state of the establishments.

The accommodation and means of treatment provided for the upper classes, are of a very superior description in the Asylums of Dumfries, Glasgow, and Perth.

As respects one very important principle of construction, namely, the proportion of single sleeping-rooms, a very marked contrast is observable in several of the chartered asylums. This will appear from the following tables, which show the number of patients, both private and pauper, in each asylum, as on 14th May 1855, with the corresponding accommodation :—

TABLE I.

Number of Patients, and Nature of Accommodation in Private Department.

ASYLUMS.	PATIENTS.			ACCOMMODATION.		
	M.	F.	TOTAL.	Number of single Sleeping-Rooms.	Number of Dormitories with less than Six Beds.	Number of Dormitories with Six or more than Six Beds.
Aberdeen, ...	29	21	50	50	0	0
Dumfries, ...	67	35	122	73	10	3
Dundee, ...	17	21	38	22	8[1]	0
Edinburgh,	84	92	176	56	5	0
Glasgow, ...	85	69	154	106	7	0
Montrose, ...	18	24	42	34	0	0
Perth,.....	43	27	70	38	10	0

[1] Several of these rooms were originally intended for single sleeping-rooms, but are now habitually occupied, both on the male and female side, by two patients.

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Chartered Asylums.

Construction.

TABLE II.

Number of Patients, and Nature of Accommodation in Pauper Department.

ASYLUMS.	PATIENTS.			ACCOMMODATION.		
	M.	F.	TOTAL.	Number of single Sleeping-Rooms.	Number of Dormitories with less than Six Beds.	Number of Dormitories with Six or more than Six Beds.
Aberdeen, ...	97	126	223	122	20[1]	6[2]
Dumfries, ...	114	78	192	3	15	10[3]
Dundee, ...	100	75	175	39	22[4]	9[5]
Edinburgh,	187	194	381	25[6]	7	20[7]
Glasgow, ...	133	130	263	57	20	20[8]
Montrose, ...	75	99	174	28	4	10[9]
Perth, ...	33	30	63	7	16[10]	7[11]

[1] Fourteen of these are single rooms made double temporarily, to meet the demand for accommodation. The remaining six are constructed to contain three beds each, but, occasionally, a fourth bed is introduced.

[2] These rooms were constructed to accommodate 8 patients each, but they are occupied by 8, 9, or 10 patients, as occasion requires.

[3] The largest dormitories contain 16 beds. The distribution of the patients is "as necessity compels,—not as the architect intended, nor as the superintendent could wish."

[4] Many of these rooms were originally intended for single sleeping-rooms, but are now habitually occupied, both on the male and female side, by two patients.

[5] The largest associated dormitory contains 9 beds.

[6] Several of these rooms are large enough for three beds, and are so used when required.

[7] The largest dormitories seem to have been originally intended for 19 beds, but some now contain 24. Full particulars of the accommodation are given in Appendix B. No. IV.

[8] The largest dormitories accommodate 20 or 22 patients. Full particulars of the size of the dormitories in this Asylum are given in Appendix B. No. V.

[9] The largest dormitory on the male side, accommodates 12 patients and an attendant. On the female side, the largest dormitory contains 16 beds.

[10] A large proportion of these, both on the male and female side, are rooms originally intended for one patient, but they now accommodate two.

[11] The largest number of patients in any dormitory is about 8.

We shall confine our remarks principally to the accommodation for paupers, but it may be well again to call attention to the fact alluded to on page 50, that patients in the pauper department, if not chargeable on paro-

chial funds, are returned as private patients. This occasionally produces an apparent discrepancy between the number of private patients and the nominal accommodation, which, without this explanation, would prove perplexing. Thus, in the Edinburgh Asylum, only 56 single rooms, and 5 dormitories, with less than 6 beds each, appear to be provided for 176 private patients; or, as it would seem, not more than 86 beds for 176 patients.

Reference to the second table, will show that the proportion of single rooms in the pauper department varies greatly in the different asylums. Thus, in the Aberdeen Asylum, there are 122 single rooms for 223 patients; or for more than the half of their number. In Glasgow, there are 57 single rooms for 263 patients; or for rather less than a fourth of their number. In Edinburgh, there are only 25 single rooms for 381 patients; or, adding the 90 private patients, who, as we have shown, must be placed in the pauper department, for 471; or for about a fifteenth of their number:—but even this proportion is higher than the actual one, as several of the nominally single rooms are occupied by 3 patients. If we take the Southern Counties' Asylum, (that is the pauper department of the Dumfries Asylum,) as being the most recently erected, to indicate the proportion of single rooms which it is considered necessary to provide, according to the present views of treating insanity, we find that there are only 3 single rooms for 192 patients. But Dr. Browne says, that this distribution of the patients is neither what the architect intended, nor what he, as superintendent, could wish. In his evidence, he names one-fifth of single rooms as the proportion absolutely necessary for the proper treatment of the patients, but expresses an opinion that one of two-fifths would be advantageous.

Considerable differences are likewise observed in the size of the associated dormitories. In the earlier asylums, namely, those of Montrose, Aberdeen, Perth, and Dundee, single rooms and moderate-sized dormitories prevail. The introduction of large dormitories dates from the erection of the new buildings at Gartnavel and Morningside; and this system has acquired its greatest

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Construction.

development in the latter asylum. Here, not only are the dormitories the largest, but large dormitories are also proportionally most numerous. In connexion with this subject, it is worthy of remark that the mortality is generally greater in those asylums in which the patients are chiefly placed in large dormitories, than in those where small sleeping-rooms prevail. This will be seen in the sequel when we speak of the results of treatment in the different asylums.

Insufficient Accommodation.

Insufficient Accomodation.

Although, in the Asylums of Glasgow and Perth, there is, at present, some vacant accommodation, in consequence of the recent removal of a considerable number of pauper patients to licensed houses, the pauper departments of the Asylums of Aberdeen, Montrose, Edinburgh, and Dundee, and the Southern Counties' Asylum at Dumfries, are all overcrowded.

The cause of this overcrowding is owing to the demand for accommodation constantly exceeding the provision made; and, although the chartered asylums have been frequently enlarged since the period of their foundation, the pressure for the admission of pauper patients has been constant, and still continues.

This is amply shown by the annual reports of the various institutions. Thus, that of Dumfries, for 1853, states that, in that year, 92 patients, including many paupers, were refused admission, for want of room. In 1854, 42 paupers, and in 1855, 77 paupers, were refused for the same reason. In the year ending March 31, 1855, 65 cases were admitted into the Aberdeen Asylum, while 40 were refused; and, in the following year, the number of refusals was nearly as great. The Montrose report for the year ending 1st June 1855, contains the following passage: —"The most prominent feature of the general results of the year, is the unusual number of admissions, 91; an excess of 32 over those of last year, indicating an increase of 50 per cent. At the commencement of the year, the house contained 203 patients, and was then more than full. From this may be inferred, how much the difficulties and labours connected with the management of the

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Chartered Asylums.

Accommodation.

institution have been increased, from the influx of so large a number of patients, while no additional provision was made for their reception, until within the last few weeks." It is a question, however, whether it would not have been a wiser proceeding to refuse admission, like the other asylums, than to overcrowd the house, and so deteriorate its condition. The Edinburgh report for 1853 states that the admissions, during the year, were limited by the accommodation; and that for 1855, mentions that during the earlier part of the year, upwards of 80 patients were refused, from want of room, the majority being paupers. During the year ending 20th June 1853, 23 cases were refused by the Dundee Asylum; while in 1855, the rejected cases amounted to 30; and, in 1856, to 25; the cause of refusal being the want of room, and most of the cases belonging to the pauper and indigent classes.

There is no doubt that asylums are injuriously affected by being overcrowded; and, consequently, when estimating the condition of those which are so reported by us, some allowance should be made in their favour, as having deprived themselves of the space necessary for the proper accommodation and treatment of the inmates, through a wish to meet the pressing wants of the community.

Constitution and Management.

Constitution.

The management of the chartered asylums is conducted by Boards of Directors appointed under the charters of incorporation. They consist of directors ex-officiis, life directors, and, frequently, also of annual directors; the appointment of the last taking place at the annual general meeting of the contributors. As a general rule, the directors ex-officiis take little part in the business of the asylum and, as the annual meetings of contributors are generally very thinly attended, the management has a tendency to lapse into the hands of a few individuals. In Appendix B, the particular constitution of each asylum is fully stated. The directors, so constituted, are thus, without any blame being imputable to them, in a great degree, an irresponsible body, there being little or no check on their proceedings, on the part of their constituents or the public. Generally, the management has

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Management.

been ably conducted, but, occasionally, mistakes have been committed, through which the patients have not enjoyed all the benefits which otherwise might have been afforded them. In the case of the Glasgow Asylum, for instance, the directors, in their zeal to extend the benefits of the institution, have incurred a debt of nearly £40,000, which presses heavily upon its resources, and impedes improvements, which the medical superintendent is desirous to introduce. From the statements made by the secretary of the Edinburgh Asylum, there is some reason to fear that the directors of that institution are about to fall into a similar error. Although we think it necessary to allude to the pecuniary embarrassments of these asylums, there can be no doubt that the position of their directors has been one of peculiar difficulty; for they were left to decide between extending the accommodation beyond the limits warranted by the state of their finances, or resisting the continually increasing demands for admission. In deciding on the former course, therefore, they were actuated solely by motives of humanity, and were, at the same time, almost certain of incurring great personal trouble and responsibility.

In the case of the Perth Asylum, there has been a laxity of management, which has, to a certain extent, limited its operation as a charitable institution. With a building entirely erected from trust funds, and a large number of private patients paying considerable sums annually, the charge for paupers has generally been higher than in any of the other asylums. Parishes have been frequently called upon to pay at the rate of £28, £30, and, occasionally, even £32 a year for their insane poor, or from £6 to £8 above the rates of the other asylums, with the exception of that of Glasgow; these uncertain charges being caused by the varying quantities of clothing and bedding supplied to the patients.*

The parochial authorities were thus kept in uncertainty as to the extent of the demands that might be made upon them, and the result has been that several parishes, which formerly sent their pauper patients to the

* There is considerable discrepancy in the evidence before us, as to the pauper rates charged in the Perth Asylum, but it is within our knowledge that the above sums were very recently actually paid.

Perth Asylum, have removed them to licensed houses, where they still remain. The directors have since reduced the rate of payment, and have included the clothing and bedding of the patients in a certain fixed charge; but, notwithstanding, a considerable amount of accommodation remains vacant.

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Chartered Asylums.

Management.

Medical Superintendence.

The medical superintendence of the chartered asylums is, as a rule, confided to a resident physician, who is appointed by the directors, and is removable by them. His powers, in regulating the treatment of the patients, are virtually plenary, though subject to the control of the visiting committee of the directors, and occasionally, as at Perth and Dundee, to that of a non-resident, or consulting physician.

Medical Superintendence.

Rates of Payment.

The accommodation provided for private patients in the chartered asylums, varies materially with the amount of their payments. But, so far as we had opportunities of judging, it appeared to be generally good, and adequate with reference to the sums paid. Whether, however, the payments made were sufficient, in comparison with the patients' means, we had no sufficient data on which to form a positive opinion, although we had grounds for suspecting that occasionally the patients' income was not applied, in adequate proportion, to their maintenance. The lowest class of private patients are usually placed upon the same footing as the parish paupers; but, in most of the asylums, some patients of a superior station in life, who are in reduced circumstances, enjoy the advantage of being classed with patients paying the higher rates. The rule is, however, that private patients, at pauper rates, should receive precisely the same treatment, and occupy the same wards, as the parochial paupers. Among such patients are frequently found governesses, daughters of clergymen, decayed gentlewomen, and men who have been engaged in various professions, who are thus brought into intimate relation-

Rates of Payment.

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Chartered Asylums.

Rates of Payment.

ship with persons of such coarse habits, that their reception into the asylum, instead of proving a benefit, often becomes a misfortune. For, as a means of treatment and restoration, it is important that patients, when admitted into an asylum, should be placed in apartments, and among associates, such as they had been accustomed to, previous to the attack of insanity.

In the course of our inquiry, we ascertained that there is a great want of suitable accommodation for the class of patients referred to, who, though in poor circumstances, cannot be properly considered paupers. The evils consequent upon this want are manifold. In some cases, the incapacity of persons of moderate means to defray the large and continued expense entailed upon them, by placing their friends as private patients in an asylum, leads to detention of the patient at home, and ultimately to incurability of the disorder. In other cases, again, the relatives, anxious to secure the best provision in their power, and seeing no other way of obtaining it, resort to the expedient of gaining admission for the patient into a chartered asylum as a pauper. In such cases, an arrangement is generally made with the parochial authorities, by the relatives agreeing to pay a greater or smaller proportion of the expenses incurred.

In the present state of the law, and under existing circumstances, this course cannot be condemned; yet, the existence of such evasive proceedings is, nevertheless, indicative of the want of some proper legal provision for this class of the insane, whereby neglect of the patient would be prevented, without the necessity being incurred of constituting him a pauper. Without entering into all the arguments which might be adduced in favour of such a proposition, we may state that, on equitable grounds alone, it would appear that the class to which we refer have some claim for more consideration on the part of the Legislature. As ratepayers, they have contributed their share to the maintenance of the pauper insane, and it seems but just that they themselves, when attacked with insanity, under circumstances requiring assistance, should receive benefits similar to those which they have helped to provide for the poorest members of the community.

In connexion with this subject, it should be further

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Chartered Asylums.

Rates of Payment.

borne in mind that the whole body of patients, coming under the denomination of insane paupers, are not, as a class, so low in the scale of society as the ordinary inmates of a workhouse. An attack of insanity has too often the effect of reducing the circumstances of those belonging to the middle classes. The heavy expenses incurred in defraying the cost of a protracted ailment, requiring special provision for its proper treatment, absorb their resources, and convert into paupers many persons who, from their previous position in life, have a claim to be considered as belonging to a different grade. It happens also, in many instances, that the relatives, after exhausting their means, are ultimately obliged to have recourse to parochial relief, and consequently a patient, who, on admission into an asylum, was placed in the private department, is transferred to that of the paupers.

It thus appears, that, under the present arrangements, many patients belonging to the middle ranks of life, suffer from neglect, and that others are reduced to the condition of paupers. We have made allusion to these facts, as well worthy to be remembered, when forming an estimate of the amount and kind of accommodation required for the insane. It should embrace the wants of those who are reduced to the verge of pauperism, as well as of the patients who are actually paupers.

The usual rates of payment for private patients of the better classes, vary from £30 to £100. This latter sum is rarely exceeded in the asylums of Aberdeen, Montrose, or Dundee, but in the others the rate occasionally rises to £250, £300, or even higher. In the Perth Asylum, which possesses great advantages, and excellent accommodation, for the treatment of patients belonging to the higher ranks, we found standing vacant four suites of rooms, intended for patients able to pay £250 a year. Patients at these rates, it seems, are rarely received; but the directors do not consider it for the interest of the institution to use these apartments for the accommodation of patients paying smaller sums.

The pauper rates for the last five years are fully given in Appendix G. Each asylum has two rates, one for

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Rates of Payment.

privileged, the other for non-privileged patients. The former belong to the district in which the asylum is situated; or are sent in by parishes or individuals who have contributed to the building of the asylum. This arrangement has in general been found profitable by contributing parishes.

In 1854 the two rates were as follows:—

	Non-privileged Rates.	Privileged Rates.
Aberdeen Asylum,	£22 2 0	£15 0 0
Dumfries „ .	22 0 0	17 0 0
Dundee „ .	*21 0 0	*15 16 0
Edinburgh „ .	25 0 0	22 0 0
Glasgow, „ .	*23 8 0	*22 2 0
Montrose, „ .	†24 0 0	‡ 9 0 0
Perth, „ .	27 6 0	15 12 0

The great difference between the two rates in the Montrose Asylum, is owing to the privileged rate, in its fullest extent, being limited to a few patients belonging to the town of Montrose. There is an intermediate rate applicable to patients from the districts of Angus and Mearns.

From the preceding remarks it is obvious that the charge for pauper patients, in the chartered asylums, must materially affect the condition of the insane throughout the whole country; for if the rates are fixed upon too high a scale, a direct inducement is thereby held out to private parties and parochial boards to provide cheaper, and very probably inferior, accommodation for the pauper patients. In considering this question, the advantages which are presented by a well regulated establishment, expressly adapted for promoting the recovery of the patients, should be borne in mind, and not the mere expense of food, clothing, shelter, attendance, and absolute necessaries. We have, however, abundant evidence to prove that the parochial boards have, in many instances, been tempted to forego the undoubted advantages offered by the public asylums; and, solely from motives of economy, have retained their paupers in

* Clothing and bedding not included. The patients pay for what is supplied.
* Clothing not included.
† Two pounds additional for clothing.
‡ Clothing and bedding found by parish of Montrose.

lunatic wards attached to poorhouses, or removed them to private licensed houses.

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The removals have been principally from the Asylums of Glasgow and Perth, and more recently from that of Edinburgh. The cause of the removal of patients from the Asylums of Perth and Edinburgh, as shown in the evidence (Appendix M) is solely that of economy, the parishes finding they could keep their lunatics at lower rates elsewhere. In the case of the Glasgow Asylum, difficulties thrown in the way of admitting certain cases, seem to have had some share in determining the parochial authorities to seek for other accommodation, or were at least made the pretext for so doing. Be this as it may, the authorities of the City parish at Glasgow have recently fitted up the old asylum, or Town's Hospital, for the reception of the pauper lunatics belonging to the parish. Lunatic wards have also been attached to the poorhouse of the Barony parish; and the parish of Govan has removed all its pauper lunatics to the licensed house of Langdale, near Bothwell. Thus three of the most populous parishes, in the immediate neighbourhood of the Glasgow Asylum, no longer send any cases there, unless in exceptional instances, when they are required to do so by the Sheriff.

Chartered Asylums.

Rates of Payment.

Large sums, derived from various sources, have been expended by the managers of the chartered asylums, in the purchase of land and in the erection of buildings, so that the item of rent, in the shape of interest on debt, or feu-duty, does not, except in the cases of Edinburgh and Glasgow, require any large provision to be now made for it. The expenditure of an asylum, therefore, is limited chiefly to articles of consumption, and to the salaries and wages of the officers and attendants. In this respect, the chartered asylums possess advantages over other establishments, seeking to secure patients by charging lower rates for their maintenance. Hence it is clear, that the rates charged in the chartered asylums must either be higher than necessary, or else that the rates in licensed houses and poorhouses must be too low to permit of justice being done the patients. This remark is perhaps strictly applicable only to houses receiving, like

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Chartered Asylums.

Rates of Payment.

the chartered asylums, both recent and chronic cases; for those which admit the latter only may, no doubt, be efficiently conducted at a lower expenditure. But all the licensed houses, and several of the poorhouses, admit both classes of patients, so that the comparison is not inappropriate.

The tables, in Appendix G, show that the annual cost of provisions in the chartered asylums is, on an average, under £10 a head; so that, taking the non-privileged rates, it appears that sums ranging from £12 a year, in the case of the Dumfries Asylum, to £17, 6s., in that of Perth, remain to provide clothing, bedding, fuel, light, salaries, and wages.* There can be no doubt that in the case of the Perth Asylum this sum is excessive; and as, under the charter, parish paupers are not entitled to admission at the privileged rate, the temptation to parochial boards in this district to seek cheaper accommodation is certainly considerable.

From Dr. Malcom's evidence it appears that this institution has not been economically conducted, and of this there can be no doubt, if we consider the items of expenditure given in Appendix G. They show that, in 1854, salaries and wages alone, averaged £7, 18s. 9d. for each patient. The outlay for fuel and light rose from £162, 5s. 9d. in 1852, to £312, 8s. 8½d. in 1853; an increase which was confessedly caused by peculation, which seems, indeed, to have prevailed, more or less, in several of the purveying departments. During the last five years, the rates for pauper patients in the Aberdeen and Dundee Asylums have undergone no change. In the Dumfries Asylum, the non-privileged rates were raised from £18 in 1853, to £22 in 1854; the cost of provisions per head rising from £7, 19s. 1d. in 1852, to £10, 5s. 8d. in 1854. The Edinburgh non-privileged rates were raised from £21 in 1853, to £25 in 1854, and the privileged rates from £18 to £22; the cost of provisions for each pauper increasing from £7, 10s. 2d. in 1852, to £10, 8s. 4d. in 1854, and the total expense of each pauper from £21, 8s. 10d. to £24, 10s. 7d.

In the Glasgow Asylum, the present non-privileged

* No portion of the physician's salary of the Dumfries Asylum is paid by the pauper department.

rate is £23, 8s., not including clothing, or, if we add a shilling a week under this head, £26, 4s. But this sum does not fairly represent the cost of a pauper in the asylum, which we find from the returns of the inspectors of poor, occasionally amounts to more than £30. The cause of the excess lies in the supplies of clothing and tobacco furnished to the patients. These uncertain charges operate very prejudicially on the welfare of the insane poor in the western districts, and have no doubt powerfully contributed to the erection of licensed wards in poorhouses, and to the establishment of private licensed houses, which offer this great recommendation to parochial boards, that a fixed payment includes every charge.

Dr. Malcom states in his evidence that the directors of the Perth Asylum, notwithstanding the high charges in that institution, lose money by their paupers, and could not afford to take them at the rate they do, were it not for the profits obtained upon the payments of the better class of patients; and in proof of this assertion, he quotes the experience of the English county asylums, which, receiving paupers only, charge at the rate of 11s. and 12s. a week.

But Dr. Malcom is here in error. The weekly charge for maintenance and clothing, in English county asylums, for the insane poor belonging to contributing parishes, is considerably below this sum.

It is true, that, in many of the English asylums, the charge is reduced by profits arising from the cultivation of the land, and by other industrial occupations in which the patients are engaged; but there is no reason why, in the Perth Asylum, with its great natural advantages, this should not also be the case.

We have discussed the relative charges made for the maintenance of pauper patients, in chartered asylums, at some length, as we deem it a matter of considerable importance, that every inducement to send recent cases for admission should be offered, by making the expense as light as possible to the parishes. It will be seen in the evidence, that the impression of many of the witnesses examined is, that the present charges are fixed at too high a rate. This opinion appears to be participated

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Chartered Asylums.

Rates of Payment.

in by some of the directors of the Southern Counties' Asylum, and is held by the medical superintendent of that institution, who believes that "the pauper department could be conducted more economically than at present, without much detriment to its usefulness."

Ventilation and Warming, Lighting, and Water, &c.

Ventilation.

The problem of how best to ventilate and warm a large asylum, does not appear to have as yet received a satisfactory solution, in any of the chartered asylums in Scotland.

Warming.

In the Dundee Asylum the warming is dependent upon open fire-places, and the only means of ventilation are the windows, and Arnott's ventilators in the day-rooms. The condition of the house is, in some respects, satisfactory, but in winter, the sleeping-rooms are stated to be so cold that it becomes necessary to dress restless patients in clothing, contrived in such a manner that it cannot be thrown off during the night. In the Glasgow Asylum, the proper working of the warming apparatus necessitates the keeping of the windows shut; whereby the atmosphere is apt to become close and oppressive. In the private department of the Edinburgh Asylum, the ventilation of several of the sleeping-rooms is defective, being, during the night, altogether dependent upon a few apertures bored in the doors. Generally speaking, the ventilation of the chartered asylums is susceptible of improvement.

Lighting.

The chartered asylums are generally well lighted with gas.

Water.

The supply of water, with few exceptions, is abundant.

Clothing, Bedding, and Personal Cleanliness.

Clothing.

We have generally found patients in the chartered asylums sufficiently clothed, and well supplied with flannel underclothing. In the Montrose Asylum, however, dirty and destructive patients are permitted to be entirely naked, while in seclusion. In several of the asylums, locks and straps are used to fasten the dresses of patients who would strip themselves.

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Bedding.

The beds are in general clean and comfortable, having mattresses of straw or sea grass, and ample coverings, but very frequently they are provided with only one sheet. The use of straw as bedding appears to us objectionable, both on account of its coarseness, and also on the ground that, as it requires to be frequently changed, it is necessarily expensive. In some asylums, as at Montrose, for instance, the private patients provide their own bedding. This practice causes great inconvenience, especially in those cases where the patient is brought from a distant locality. In those asylums where the bedding for private patients is provided by the institution, it is of a good description. The beds for wet patients have sometimes straw mattresses, and sometimes stretched canvas bottoms, and are, for the most part, kept clean. At Aberdeen, a mattress, divided into parts, is in use, which allows the removal of that portion which has been wetted. At Glasgow, the beds for wet patients stand over zinc or leaden troughs, sunk in the floor. Into these the urine passes from the bed, and they are cleaned by being flushed with water. which can be turned on at pleasure. At Montrose, dirty and destructive patients are occasionally permitted to sleep on loose straw cast on the floor.

These facts are important, as tending to show that, notwithstanding the very creditable manner in which the chartered asylums are, on the whole, conducted, the superintendents have not yet entirely succeeded in their efforts to act upon the modern views of treatment of the insane. In several of the asylums, they have had great difficulties to contend with, and much credit is due to them for what they have accomplished.

Personal Cleanliness.

All the asylums are provided with fixed lavatories, and personal cleanliness is generally well attended to, but in the dormitories there is a want of wash-stands for such patients as have been accustomed to their use at home.

In some asylums the supply of warm baths is deficient, there being, for instance, only one for the male paupers, and another for the females, in the Dundee Asylum. The douche and shower-bath are very seldom used. Water-closets, though not of the best construction,

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Chartered Asylums.

Furniture.

within doors, and privies and urinaries in the airing-yards, are, in general, sufficiently provided.

Although in many respects well furnished, the asylums are generally insufficiently supplied with easy chairs, and comfortable seats for the aged and infirm.

Diet.

Diet.

In the Appendix will be found the diet tables of the different asylums. The quantities of food allowed to the paupers vary a little in the different houses, but the general nature of the diet is nearly the same in all. Breakfast consists of porridge and milk, or of tea and bread. For dinner, the staple is broth with vegetables, potatoes, and bread, and a small quantity of boiled beef every day, or a larger quantity on alternate days. For supper, there is again porridge with milk. Working patients have frequently, in addition, a luncheon of bread and cheese, with beer. In the Asylum of Aberdeen, animal food is given only once a week to patients of the lowest class, not engaged in labour.

This diet is probably better, both in quantity and quality, than that of the Scotch peasantry in general; for, in the country districts, so little animal food is consumed by the poorer classes, that even the allowance in the Aberdeen Asylum is perhaps greater than what the patients were accustomed to in their own homes.

The diet of the poor in Scotland varies considerably in different districts. In the Highlands, it principally consists of oatmeal and potatoes, with the occasional addition of fish; but, on the west coast, and in the Western Islands, the supplies, even of this food, are scanty, and the people are often bordering on starvation. On the whole, the Highland population must be considered as poorly fed. In the rural districts of the Lowlands, also, oatmeal and potatoes constitute the chief part of the diet of the peasantry, with the addition of milk, and garden vegetables. Bread is occasionally used, but butcher-meat very seldom forms part of the living. The cottars, generally, both in the Highlands and Lowlands, have small patches of potato or garden ground.

In the manufacturing villages and country towns, bread and tea have, to some extent, especially with the women, taken the place of porridge; but, with the men and children, porridge and buttermilk still constitute the general morning and evening meal. Broth and potatoes, with fish when it is plentiful, or perhaps bread, form the usual dinner of the manufacturing classes in such localities. In the large towns, such as Glasgow, the consumption of butcher-meat has latterly greatly increased, and the high wages of the mechanics are frequently entirely expended on their living.

Throughout the whole country, the consumption of whisky, by the working population, is very great, and almost completely excludes the use of malt liquors; and during periods of prosperity, or of periodical employment, as in the herring fishery, ardent spirits are consumed in even increased quantities. Although there is no directly nutritive principle in whisky, still, as its use, in a modified degree, may assist the sustaining powers of a poor diet, it is necessary, in comparing the food supplied by asylums with that of the people in their homes, to bear in mind the entire withdrawal of spirituous liquors in the ordinary asylum diet, as an element in the comparison.

Tobacco is another article of common consumption by the people, which must also be taken into account in considering the diet. Though in itself possessing no nutritive properties, it exercises a soothing influence on those accustomed to its use, and its discontinuance is generally followed by feelings of great discomfort. There is among the insane so strong and general a craving for tobacco, that in some asylums a stated allowance of it is made to them, the charge for which considerably augments the payments made by the parishes, and, as already remarked on page 79, has thus contributed to the establishment of licensed houses, in which one fixed sum covers every expense.

There is no doubt that poverty and underfeeding are powerful agents in the production of some varieties of insanity. This is especially the case among the Highland population, and this effect of their operation has forcibly struck even non-professional observers. In the memorial formerly adverted to, which was addressed by the parochial board of Inverness to the Board of Super-

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Chartered Asylums.

Diet.

vision, the following passage occurs:—"Lunatic persons from the Highlands exhibit a remarkable resemblance in the main features of their cases. In general they are morbidly depressed and melancholy, and their feelings being warm and excitable, they require much careful and kind attention to be roused to the mental and bodily efforts which tend so favourably to a cure. Dissipated habits are frequently the cause of the mental derangement, but there is no doubt that poverty of living is as often productive of the disease." In accordance with this, experience shows that a good diet is an important remedial agent. Hence a more liberal allowance of animal food in the Asylum of Aberdeen would, we are convinced, be followed by beneficial results.

The diet of private patients paying the higher rates is varied and abundant.

The manner in which the food of the paupers is served, is not so neat and orderly as it ought to be. In general, there are no table-cloths, and frequently no knives or forks, all the food being taken with spoons. In this branch of management there is, on the whole, considerable room for improvement.

Instrumental Restraint and Seclusion.

Restraint.

Personal restraint, by the application of the strait-waistcoat, or of straps, or muffs, is almost entirely banished from the chartered asylums, but we have reason to think that seclusion for long periods is frequently used. This remark applies more especially to the Asylums of Montrose, Glasgow, Aberdeen, and Edinburgh. The necessity for the use of lengthened seclusion is mostly due to faults of construction in the house, to over-crowding, to deficiency in the means of exercise, and to the want of a sufficient number of attendants; causes which are, to some extent, beyond the power of the medical superintendents to remove. In Montrose, however, we found, on one occasion, 11 patients in seclusion out of a population of 174, several of them having been so secluded for very considerable periods, and one woman for several months; and, it is to be observed, that the seclusion-rooms in this asylum are mere cells with stone floors and darkened

windows, and that the patients who are placed in them are frequently allowed no other covering than blankets, and no other bedding than loose straw cast on the floor.

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In the Glasgow Asylum, where the seclusion-rooms are very inconveniently placed, it has of late been considered necessary permanently to board up the windows of many of the seclusion-rooms, as a precaution against the violence of the patients. For further particulars respecting the use of seclusion, and the kind of seclusion-rooms in this asylum, we refer to the evidence of Sheriff Alison and Dr. Coates. The latter gentleman says, "We have seen seclusion at Gartnavel more than any where else."

Seclusion.

Padded rooms are generally used.

The statutes not requiring any record to be made of the confinement to which patients may be subjected in seclusion-rooms, we are unable to report with accuracy as to the prevalence of the practice, or to make any comparative estimate of the extent to which this species of restraint has been resorted to. It is to be regretted that such written accounts are not generally kept, for there can be little doubt that if an entry of each instance of seclusion, and also of the reason assigned for resorting to it, had been made necessary by law, a powerful means of checking and diminishing its use would have been established. The requirements of the Legislature having been satisfactorily observed in the chartered asylums, this would, in all probability, have been the result of such a register of seclusion in these institutions; but as respects licensed houses, where an utter disregard has been shown of the clear, precise, and stringent regulations already enacted as to the use of mechanical restraint, little benefit would have arisen from any further enactment for recording this mode of restricting the liberty of the patients.

If the defects of construction, to which we have just alluded, were removed; if ample means for extended exercise were provided, and the staff of attendants placed in adequate proportion to the patients; and if full records were kept of the cause and duration of seclusion, we have no doubt that the degree in which it is now em-

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ployed in several of the chartered asylums, might be most materially diminished, and the use of such arrangements as "seclusion-yards" entirely dispensed with.

Exercise.

Exercise.

The means provided for the exercise of the patients, in some of the chartered asylums, are quite inadequate.

From the circumstance of both private and pauper patients being accommodated in them, double sets of airing-courts are considered necessary; and this increase of number, of course, involves diminution of size. Hence, at Perth, Dundee, and Aberdeen, we find numerous small airing-courts, divided from each other by high walls, which, in a great degree, shut out the view of the country. In some instances, mounds have been erected, so as to enable the patients to look over the enclosure-walls; but this arrangement causes another evil, by further diminishing the already very small space provided for exercise.

The private patients, who, comparatively, are not numerous, are occasionally provided with the same number of airing-courts as the paupers, who constitute by far the greater portion of the inmates, and hence those appropriated to the latter are necessarily over-crowded. This is especially the case at Dundee and Glasgow. In the Dundee Asylum, there were 38 private patients, and 175 paupers, to ten airing-courts; but while one private patient had the sole use of one court, about 60 or 70 paupers were crowded into another of the same size. The Glasgow Asylum has two airing-courts for 87 private patients; and three courts, one of them being very small, for 329 paupers. The male paupers, 171 in number, have one airing-court, beyond which about 50 of them never go. The female paupers, numbering 158, have the two remaining courts; but the smaller one is a mere yard, paved with asphalte, and is used by the worst class of cases, of whom some 40 or 50 never pass beyond its limits. Enclosed on three sides by buildings, and on the fourth by a high wall, it is very gloomy and depressing, and quite unfitted for the purposes of exercise and recreation. At some asylums, as

at Perth and Dumfries, the airing-grounds are planted, and neatly laid out.

Condition of Establishments.

Chartered Asylums.

Occupations.

Occupations.

Abundant means of occupation are of the greatest consequence to the wellbeing of the insane, and, we believe, it is now generally admitted, that none are more conducive to recovery than out-door labour. Hence, the importance to every asylum of a sufficient quantity of land to ensure constant employment for the male patients. In this respect, the chartered asylums are insufficiently provided.

The quantity of land which each has in occupation, including the site of the house, and the airing-courts, is as follows:—

Glasgow Asylum,	68 acres.
Edinburgh „	45 „
Dumfries „	40 „
Montrose „	24 „
*Aberdeen „	15 „
Dundee „	12 „
†Perth „	12 „

These quantities are not sufficient to afford the patients a field of cheerful and varied agricultural employment.

Although, according to the foregoing statement, the quantities of land in occupation at the Asylums of Aberdeen and Perth are remarkably small, yet it will be seen, on reference to the Appendix, that in neither case are the estates in possession made fully available for the treatment of the patients. In most of the institutions the land in occupation consists of good soil, and is made productive; but, in some cases, full benefit in this respect, and also as a means of exercise, is not derived from it, as a considerable portion is traversed by the public road of approach, in consequence of the distance between the building and general entrance. The unenclosed grounds are generally neatly laid out, have good gravel walks,

* The Aberdeen Asylum has about eight additional acres let on lease.

† The Perth Asylum has a considerable quantity of additional land, but does not retain it in possession.

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Chartered Asylums.

Occupations.

command extensive prospects, and are made serviceable for the exercise of the more orderly patients.

An increased quantity of land does not necessarily imply increased expense to the institution, although the superintendents of some of the chartered asylums differ on this point. Dr. Skae, of the Edinburgh Asylum, has found that even where a ground-rent of £10 an acre is paid, the labour of the patients may be profitably employed; and, he is of opinion, that, with an increased extent of land, the cost of their maintenance might be considerably reduced. On the other hand, it is said that at Perth it is more profitable to let the land than to cultivate it.

At Glasgow, too, Dr. M'Intosh states that the cost of employing the patients was, until lately, found to be greater than the produce of their labour.

No doubt, the co-operation of an able and honest overseer, as well as the active surveillance of an intelligent committee, are essential for the successful employment of the patients. But, with such assistance, there seems to be no good reason why an asylum should not profitably employ them in the cultivation of land, sufficient both to supply the direct wants of the house, and even to grow produce for sale.

We do not, however, advocate employment, simply or chiefly, upon economical grounds, but far more from the conviction that there are few better curative agents in the treatment of insanity, than agricultural labour, when combined with an adequate diet. Even in cases where the malady has become incurable, labour in the open air greatly improves the condition of the patient, and tends to alleviate his symptoms. There is this peculiarity about the insane, that, although in an abnormal condition, they are not, as a general rule, like the inmates of a poorhouse or general hospital, disabled from active occupation by physical infirmity. On the contrary, there is with many a positive restless craving for muscular exercise; and hence nothing tends so much to promote the tranquillity of an asylum, and to diminish the necessity for the use of mechanical restraint and seclusion, as the expenditure of this augmented nervous power by exercise and labour in the open air.

In many of the chartered asylums, sufficient means of

suitable employment in the wards are not provided, and commodious workshops are much wanted. Condition of Establishments.

At Dundee, a considerable number of the pauper patients are employed in weaving coarse packing-cloth; and, in most of the asylums, a few are employed at tailoring, shoemaking, and carpentry. The females find some occupation in the washing-house and laundry, and also in sewing, knitting, and making under-clothing. We think, however, that, in the chartered asylums sufficient attention has not been paid to the due employment and occupation of the patients, and we are strongly of opinion that a great deal more might be accomplished in this respect. Chartered Asylums. Occupations.

In none of the asylums, with the exception of that of Dumfries, have the efforts to prevail on the private patients to engage in manual labour, been attended with any great success. In this establishment, however, a party of twelve gentlemen have been induced to work in the garden, where, when required, they both trench and dig.

Amusements.

In several of the asylums, very much has been done to afford recreation and amusement to the patients. Various sports and games have been introduced, and in most of the houses there are frequent excursions, and occasional pic-nics, concerts, lectures, evening parties, and dances. In that of Dumfries, there are also theatrical performances. Amusements.

The asylum in which least has been accomplished in this respect, is that of Aberdeen.

While fully recognising the importance of recreation and amusement, we are disposed to think that the efforts of some medical superintendents have been extended too much in this direction, to the exclusion of more serious occupations. Simple amusement can never dispel *ennui*, nor afford the same amount of healthy occupation to the mind, as useful and productive labour.

In most of the chartered asylums, there is a want of objects of every-day interest, calculated to afford quiet pleasure and enjoyment, which might be supplied at very little cost. The providing of such objects is not a

Condition of Establishments.

Chartered Asylums.

Amusements.

matter of indifference, for they tend to draw the patient's mind from its morbid thoughts, and to prepare the way for recovery.

At Dumfries, in this respect, as well as in every other that tends to alleviate the condition of the patients, a great deal has been accomplished. This asylum contains a museum of specimens in natural history, and also a library consisting of about 5000 volumes. Here, and also at Morningside, periodical publications are regularly printed and circulated, many of the articles being contributed by the patients themselves.

Religious Service.

Religious Service.

Chaplains are appointed to all the asylums. They are non-resident, and commonly attend only on Sundays. Divine service is generally performed in a large room, which serves during the week for other purposes; but at Dundee and Aberdeen, detached chapels are at present in course of construction, and at Perth a room in the asylum is fitted up as a chapel. The two sexes sit apart, but in view of each other, except at Perth, where a partition completely divides the room into two compartments, leaving half of the pulpit in each. At Dumfries, in addition to the Presbyterian chaplain, an Episcopalian and a Roman Catholic clergyman give religious consolation to the patients belonging to their respective Churches; and, although not holding any regular appointment, receive an occasional gratuitous payment from the directors.

Attendants.

Attendants.

The number of attendants attached to each asylum is stated in Appendix B, but from their frequently waiting upon private and pauper patients indiscriminately, it is impossible to give any precise statement of the ratio in which they stand to the patients of each class. It will, however, be useful to compare the expenditure of the different asylums, for salaries and wages, and to see what relation it bears to the number of the insane.

TABLE showing the number of Private and Pauper Patients in each of the Chartered Asylums on 14th May 1855, and the Annual Expenditure of each, according to the last Accounts, for Salaries and Wages, together with the proportion of Expenditure for each Patient under these heads respectively :—

Name of Asylum.	Number of Patients.			Amount of Salaries of Officers.			Amount of Wages of Attendants and Servants.			Total Expenditure for Salaries and Wages.			Proportion of Salaries to each Patient.			Proportion of Wages to each Patient.			Proportion of Expenditure, Salaries, and Wages to each Patient.		
	Private.	Pauper.	Total.	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d*	£	*s.*	*d.*	£	*s.*	*d.*
Aberdeen,.....	50	223	273	707	10	0	486	15	0	1194	5	0	2	11	10	1	15	8	4	7	6
Dumfries,.....	120	192	314	1190	0	0	1434	17	3	2624	17	3	3	15	9	4	11	4	8	7	1
Dundee,.....	38	175	213	498	16	0	538	7	6	1037	3	6	2	6	10	2	10	6	4	17	4
Edinburgh,....	176	381	557	1400	4	0	1621	3	10½	3021	7	10½	2	10	4	2	18	1	5	8	5
Glasgow,.....	154	263	417	1428	0	0	1125	16	0	2553	16	0	3	8	5	2	13	11	6	2	4
Montrose,.....	42	174	216	244	2	0	336	8	6	580	10	6	1	2	8	1	11	1	2	13	9
Perth,.....	70	63	133	607	2	8	449	2	1	1056	4	9	4	11	3	3	7	6	7	18	9

Condition of Establishments.
Chartered Asylums.
Attendants.

Condition of Establishments.

Chartered Asylums.

Attendants.

The most striking fact presented by this table is the low expenditure in the Montrose Asylum on account both of salaries and wages; and herein is very probably one cause which contributes to the less satisfactory condition of that institution. The high expenditure in the case of the Dumfries Asylum is doubtless due to the large number of private patients at high rates. In this institution, the entire separation of the private and pauper department permits the proportion of expenditure in each to be ascertained, and that of wages for each pauper patient in the Southern Counties' Asylum, is stated by Dr. Browne to be £2, 6s. In the case of the Perth Asylum there is also a preponderance of private patients; but they are principally at very moderate rates of payment, so that the expenditure here appears high in comparison with that of the other institutions.

In general, there is considerable difficulty in securing the services of good attendants. The men chiefly belong to the agricultural classes, and the medical superintendents usually prefer getting them untrained. There are no funds from which to grant retiring allowances, and the inducements to remain are limited to a gradual rise of wages. In some institutions, the wages of the attendants and nurses are on too low a scale. This is deserving of comment, as we deem it important that the remuneration, in all cases, should be such as to secure the services of competent individuals, and render the retention of their situations an object of some consequence to them, and thus prove an inducement to assiduity and obedience.

The attention bestowed on the patients during the night-time, is generally very defective in the chartered asylums. Sufficient pains are not taken to correct the bad habits, which are apt to arise and become confirmed, in the worst class of cases, when left unobserved and unassisted throughout the night. In those asylums where some system of night-nursing has been adopted, this important object has not been kept in view. At Aberdeen, a night-watchman and assistant night-watchman are appointed; and, at Morningside, a man night-watch has charge of both the male and female departments. But as the main duties of a night-nurse are to get up patients habitually wet or dirty, to attend to the sick, and to help the feeble and epileptic, it is obvious that

Condition of Establishments.

Chartered Asylums.

Attendants.

a night-watchman cannot, with propriety, be intrusted with these duties on the female side of the house. If, in order to save expense, only one individual is appointed, it appears to us a preferable plan to appoint a woman to visit both sides of the house. Indeed, there is little doubt that one, if not more nurses, might be advantageously employed, both in the male and female departments, during the night-time; and we may further remark that the services of women are not at any time sufficiently made available as nurses in the men's wards.

It is right to notice that the nurses and attendants are placed to sleep in the dormitories with the patients.

Results of Treatment.

Results of Treatment.

LE showing the average number of patients resident in each of the Chartered Asylums during the years 1850, 1851, 1852, 1853, and 1854; the average number of admissions, recoveries, removals, and deaths annually, during the same period; the proportion of recoveries per cent. on the admissions; and the proportion of deaths per cent. on the average numbers resident.

NAME OF ASYLUM.	Average Number Resident during Five Years.	Average Annual Admissions.	Average Annual Recoveries.	Average Annual Discharges not Recoveries.	Average Annual Deaths.	Proportion of Recoveries per cent. on Admissions	Proportion of Deaths per cent. on Numbers Resident.
rdeen Asylum,	256.25	84.20	39.80	15.40	19.00	47.26	7.41
hton Institution,	110.10	31.20	? 20.00 ?		8.00	..	7.26
hern Counties' Asylum,	136.85	69.40	? 35.80 ?		9.20	..	6.71
hton Institution, and South-n Counties' Asylum,	246.95	100.60	? 55.80 ?		17.20	..	6.96
dee Asylum—Private Depart-ent,	39.95	11.00	5.00	2.60	3.20	45.45	8.01
dee Asylum—Pauper Depart-ent,	163.12	35.40	17.20	9.20	8.00	48.58	4.90
dee Asylum—Pauper and ivate Departments,	203.87	46.40	22.20	11.80	11.20	47.84	5.51
nburgh Asylum—Private De-rtment,	157.81	75.20	35.40	23.80	13.60	47.07	8.61
nburgh Asylum—Pauper De-rtment,	372.60	164.00	71.20	34.80	47.60	43.41	12.79
nburgh Asylum—Private and auper Departments,	529.81	239.20	106.60	58.60	61.20	44.56	11.55
gow Asylum—Private De-rtment,	97.13	116.00	49.40	41.00	18 40	42.58	18.94
gow Asylum—Pauper Depart-ent,	341.73	179.40	83.60	85.80	32.60	46.59	9.53
gow Asylum—Private and auper Departments,	438.86	295.40	133.00	126.80	51.00	45.02	11.62
trose Asylum—Private De-rtment,	39.63	9.00	2.80	2.40	3.00	31.11	7.57
trose Asylum—Pauper De-rtment,	136.12	53.20	20.60	8.20	14.40	38.72	10.57
trose Asylum—Private and auper Departments,	176.75	62.20	23.40	10.60	17.40	37.62	9.84
h Asylum,	162.86	38.20	17.40	7.80	11.20	45.54	6.87
Average,	2014 55	866.20	..	..	188.20	..	9.34
eral Result, exclusive of Crich-Institution, and Southern nties' Asylum,	1767.60	765.60	342.40	231.00	171.00	44.20	9.67

Condition of Establishments.

Chartered Asylums.

Results of Treatment.

The results of treatment, as shown in the foregoing table, vary considerably in the different chartered asylums. But in estimating them, it should be borne in mind that patients are generally admitted without restriction into the chartered asylums, which differ in this respect from licensed houses, where the proprietors frequently exercise the power of selecting their cases. In reviewing the rate of mortality, therefore, it should be remembered that it is the practice to send recent and acute cases to these institutions, many of which die shortly after admission. It is also to be observed that within the period indicated by the table, epidemic cholera made its appearance in five out of the seven chartered asylums, namely, in those of Montrose, Aberdeen, Dumfries, Glasgow, and Perth.

Summary.

Summary.

Reviewing generally the condition of the chartered asylums, it is gratifying to be able to report that they are in many respects in a highly satisfactory state; and that the large amount of accommodation which they afford to private patients is duly appreciated by the public.

It appears that of the 833 private patients placed in asylums in Scotland, 652 are in chartered asylums, and only 231 in licensed houses.

The contrast in this respect, between Scotland and the southern portion of the United Kingdom, is worthy of observation.

On reference to the last Report of the Commissioners in Lunacy, it appears that of the 4442 private patients in asylums in England and Wales, as many as 2746 are in private asylums, and 1696 are in public hospitals; this latter number comprising 669 patients in Bethlem, St. Luke's and Guy's Hospitals, and the Institution for Idiots. After deducting these, therefore, it appears that in English hospitals, which are analagous to the chartered asylums of Scotland, the private patients amount to only about 1000, whereas as many as 2746 are in licensed houses. That this state of matters arises, at least in some degree, from the want of a larger amount of this kind of accommodation in England, may be inferred from the fact that a large proportion of the private patients in the Crichton Institution are natives of England.

The gentlemen who undertake the responsible duties

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Chartered Asylums.

Summary.

of governors or directors in the chartered asylums, devote much time and consideration to the general management of their respective establishments; and they manifest an earnest desire to promote the welfare and consider the comfort of the inmates, and to advance the interests of the institutions over which they preside.

The treatment of the patients is liberal and judicious; and, notwithstanding existing difficulties and obstacles to improvement, their condition is, on the whole, deserving of commendation.

The treatment adopted towards the educated classes is, in many respects, very praiseworthy. In addition to the means employed to diversify the daily course of life, and to break through the monotony and routine, too common in most lunatic asylums, the patients have the benefit of frequent, and, occasionally, of extended excursions; and, in a few instances, houses have been taken at the sea-side, for the use of the patients during the summer months.

All the chartered asylums have comprehensive codes of printed rules and regulations. Annual accounts of receipts and expenditure, as well as reports of the management and treatment of the patients, are published, giving full details of the proceedings, in each establishment, during the year.

Various records, not required by statute, are generally kept, among which is a casualty-book, and also a case-book, containing a statement relative to each patient, showing the origin, course, and duration of the disease previous to admission, and the subsequent treatment adopted in the asylum. Considerable care is also taken to ascertain full particulars respecting the previous condition of the patients, and, for this purpose, printed questions, designed to elicit information, are issued to applicants for the admission of patients.

The chartered asylums of Scotland are superintended by experienced medical gentlemen, of high standing in their profession, aided in the larger establishments by able assistants. From their size, and capabilities of receiving a considerable number of better-class patients, they are able to command the services of accomplished practitioners; and, in this respect, they have a manifest advantage. In the generality of them,

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nevertheless, an obvious evil results from the congregation of patients, belonging to various grades of society, in the same institution. A minute separation of the inmates into classes, both as respects position in life, as well as the nature of the malady, becomes necessary; and, consequently, the patients are subdivided into a large number of communities, each having their respective apartments, and airing-grounds. By the adoption of such arrangements, liberty within doors is diminished, the facilities of egress into the open air are impeded, and the space appropriated for exercise is considerably curtailed; and the general results are isolation of individuals belonging to the upper classes, restricted exercise to the inmates generally, and lengthened seclusion of the more refractory patients.

At Dumfries, many of the objections above adverted to have been surmounted by the erection of a separate building for the paupers, adjacent to the original structure, which is now appropriated to patients belonging to the better ranks of society only.

As regards the classification and separation of the patients, in reference more particularly to their mental condition, we are of opinion that the distinctions and sub-divisions are too minute and special, and that the different classes of patients are not sufficiently associated together.

In nearly all the chartered asylums, the accommodation for the better classes is arranged according to the payments made; those patients paying the highest rate being provided with a separate sitting-room and bedroom, whilst those paying a lower rate are usually associated together in a good-sized and well-furnished sitting-room during the day, and are placed in separate sleeping-rooms at night.

In some asylums, a strict adherence to the rule of apportioning the accommodation according to the rate of payment causes a large amount of excellent space to remain vacant. This circumstance appears worthy of consideration. The demands for admission are urgent, and it appears to us that every available means of meeting this demand should forthwith be brought into operation. These remarks apply more especially to the asylums of Glasgow and Perth, in both of which spacious apart-

ments remain comparatively unoccupied, in consequence of the high terms required from those applying for admission into them.

Condition of Establishments.

It appears from the evidence of Dr. M'Intosh, that, at Gartnavel, the strict division of the inmates into communities, according to the rate of payment, has limited the usefulness of that establishment.

Chartered Asylums.

We have already shown that, at Perth, not only has a large amount of space long remained vacant, but that the proportion of the payments for salaries and wages has, consequently, been much greater than in other chartered asylums; and also that the charge has been higher for the maintenance of pauper patients.

Summary.

Both the above institutions sustain a loss by thus keeping rooms vacant, because tenants able to pay the required sums do not enter on possession; whereas, if they were appropriated to applicants capable of making payments in proportion to their means, not only would a great boon be extended to the middle classes, but a direct benefit would be derived by the institutions. At Dumfries, the demand for the admission of those in less affluent circumstances has been laudably met, by appropriating some of the rooms originally designed for the wealthy classes to the use of patients having only moderate resources. It appears, from the evidence of Dr. Browne, that two important results have followed the adoption of this plan, the first as respects the condition of the patients, and the other as respects the funds of the establishment. He states that not only are the patients, paying moderate rates, placed under more favourable circumstances as regards treatment and prospect of recovery, by being associated together; but, further, that the establishment derives more benefit from such a class, in a pecuniary point of view, than from patients who pay much larger sums for separate accommodation. To meet, therefore, the pressing wants of the public, and, at the same time, to improve the funds of these establishments, it appears to us desirable that the available space at Glasgow and Perth should be more fully brought into use for patients belonging to the middle classes of society. The consequence of the system adopted at Dumfries, is that the number of applica-

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Chartered Asylums.

Summary.

tions for admission are far beyond the capabilities of the house. The reports of the Crichton Institution for 1854 and 1855, state that one hundred cases, belonging to the affluent classes, were refused from want of room during those two years.

The foregoing considerations have an especial bearing on the Royal Asylum at Perth, the capabilities of which, though of the highest order, have only in a small degree been made available for the wants of the community. The establishment consists of a well-constructed building, specially designed for the treatment of the insane, an adjoining mansion and pleasure grounds, and also a farm-house and farm-buildings. The whole are well placed on a large estate, in a picturesque and retired situation, easily accessible by railway, and within a short distance of a large town. It is evident that in these repects the Institution possesses a valuable combination of advantages, equal, if not superior, to any similar establishment in the United Kingdom. Yet a large portion of the best accommodation in the Asylum stands unoccupied, owing to the high rates of admission; and at present the mansion, farm-house, and lands, are let out to tenants.

It appears to us that, by a re-arrangement and adaptation of the apartments in the main building, a large number of patients from the middle ranks of life might be admitted. The mansion would afford excellent accommodation to the higher classes; and the farm-buildings and land, might be made of the utmost importance to the patients generally, but especially to those of the pauper class.

If the advantages of the Institution were thus made available, not only would a great benefit be extended to the community, but its own interests would also be served; for, in addition to the more remunerating rates derivable from an associated class, the admission of an increased number of inmates would have the effect of reducing the proportionate expense of the staff of officers, and thus the charge made, for both private and pauper patients, might be considerably diminished.

The steps lately taken at Montrose, by the resident physician, in order to afford increased accommodation

for patients of the middle class, by giving up a portion of his private residence for their use, are well worthy of commendation. Condition of Establishments.

In the chartered asylums generally, few, or no limitations are made as regards the nature of the cases for which admission is requested; and patients are very seldom refused on account of epilepsy, pregnancy, the long duration of the malady, or the violent conduct of the patient. Occasionally, however, cases sent by Procurators-Fiscal, or removed from prisons, are rejected, on the ground that the effect upon the other patients would be prejudicial. Chartered Asylums. Summary.

Considerable facilities are afforded for the ready admission of patients, and no regulations are adopted for restricting their reception to particular days. Neither is it necessary to bring them in the first instance before the committee.

As an instance of the confidence reposed in the medical superintendents of chartered asylums, and as an indication that some diminution has taken place in the repugnance to asylums, which hitherto has been, and still is so prevalent, we may mention that, in many of the asylums, a number of individuals have voluntarily presented themselves for admission. They are generally cases of relapse, and frequently persons having a suicidal or destructive propensity, who, feeling certain premonitory symptoms, well known to themselves as the precursors of an attack of mania, at once take the judicious step of placing themselves under care and treatment.

In the descriptions of the chartered asylums, given in Appendix B, there appear several remarkable distinctions as respects the remuneration of officials. The disproportion between the sums paid to the secretary and treasurer of each asylum is the most striking. At Edinburgh, Dumfries, and Glasgow, the matrons receive higher salaries than the assistant medical officers.

LICENSED HOUSES.

Introductory Remarks.

The condition of lunatics in the licensed houses is determined partly by the rate of payment, but, perhaps, Introductory Remarks.

Condition of Establishments. — Licensed Houses. — Introductory Remarks.

still more by the character of the proprietor; for we have found great varieties of accommodation and treatment in licensed houses where the rates of payment were the same.

The proprietors of some of the houses receiving patients belonging to the upper grades of society, are men of education, and well fitted, by professional training, to have the management of institutions for the insane. But, as a class, those who receive pauper patients are totally unfit for the proper discharge of the highly responsible and delicate duties they undertake.

Licenses have been conceded to persons who have no knowledge whatever of the nature or treatment of insanity, who have not even the experience of an ordinary nurse in a general hospital, and who are, besides, unprovided with sufficient capital to make a satisfactory provision for all the wants of those under their charge. Thus, at Musselburgh, we found one proprietor whose previous occupation had been that of a victual dealer; another had been an unsuccessful baker; another had been a gardener; and the last person who had obtained the Sheriff's sanction for a license, was a woman keeping a public-house, who had taken a second house for the reception of lunatics, with the view, as we were told by her daughter, of keeping both for a while, and continuing that which should prove the more successful speculation.

Locality and Size.

Locality.

By the table on page 53, it will be seen that the licensed houses are situated principally in the neighbourhood of Edinburgh and Glasgow. Of late years, licensed houses, receiving pauper patients, have considerably increased in number, and the principal causes of this increase are, partly the want of accommodation for pauper patients in the chartered asylums, and partly the higher rates of payment which are there exacted. The reason why so large a proportion of these establishments have been opened at Musselburgh, may be accounted for by the great facility with which licenses can be obtained in Midlothian.

Size.

The licensed houses vary considerably in size, some

containing only one patient, and others nearly ninety. A few receive none but private patients; some admit only paupers; but the majority receive both classes. Condition of Establishments. — Licensed Houses. —

Construction and Accommodation.

With the exception of the convalescent department of Saughtonhall, none of the houses occupied as private asylums, were originally built for the purpose. In one or two of the better class, such as Saughtonhall and Whitehouse, great expense has been incurred by the proprieters in providing suitable accommodation for the patients; but generally a private house has been rented, or bought, and afterwards altered and enlarged, to fit it (in most cases very imperfectly) for its new destination. The sole aim, especially in the houses where the patients are principally paupers, has evidently been to accommodate the greatest possible number, at the smallest outlay. Hence outhouses, which were never intended for human habitations, have, in some cases, been filled with beds, and used as accommodation for patients both by day and night. In other asylums, such as that of Langdale, large dormitories have been built, sufficiently spacious for the number of occupants, but bare, comfortless, and insufficiently furnished. In other cases, again, every room is overcrowded, and houses of moderate size are made to accommodate a surprisingly large number of patients. Thus, the licensed house of Lilybank, at Musselburgh, which is rented at £35 a year, has a population of 73 patients, besides the family of the proprietor, and the attendants. Frequently, also, there is no proper separation of male and female patients, who are placed in adjacent apartments, approached by the same stair or passage, who use the same airing-courts, and are not even provided with separate water-closets. Construction. Accommodation.

Another consequence of the prevailing tendency to economize, is a general want of furniture, and in several instances an almost total absence of everything that is not absolutely necessary, and even of articles that among the poorest people are considered indispensable. Most of the pauper houses have no day-rooms, the patients, when not in the airing-grounds, occupying

Condition of Establishments.

Licensed Houses.

Accommodation.

their crowded sleeping-rooms during the day. These rooms, are, for the most part, unprovided with seats, and the beds are used as substitutes. There are commonly no tables, and the meals are served in the most slovenly manner. The patients eat their food seated on their beds, or squatting on the floor of their rooms, or in corners of the airing-courts.

In some houses, however, day-rooms are provided, but they are usually bare and comfortless: benches, without backs, and a table, in general, making up the complement of furniture. Few or no arrangements are made for the proper treatment of the sick, feeble, and aged inmates. They share the very scanty and insufficient accommodation provided for the able-bodied, and when, from sickness or debility, they are unable to sit up on the forms without backs that are provided, they are kept in bed, and ultimately die in the dormitories, in the midst of the other patients; and, in some cases, after death the body is carted to the burial-ground, and there interred without any religious ceremony whatever.

In very few of the licensed houses are there any single rooms for the separation of the epileptic, noisy, or refractory patients, and where they exist (as at Langdale) they are much too small, and very imperfectly ventilated.

The means for cooking the food, and the accommodation provided for clothes washing are generally quite insufficient, and the nurses, though too few in number properly to attend upon the patients, are generally required to perform the washing and cooking for the establishment.

Medical Attendance.

Medical Attendance.

In two or three instances, the proprietors of licensed houses are medical men, who conduct their establishments without any other medical aid, a practice which, under the present system of imperfect supervision, is open to objections, especially in the case of pauper houses, as it leaves the treatment of the patients entirely in the hands of parties whose pecuniary interests run counter to a liberal treatment of the patients. In other cases, the independence of the medical attendant is affected

by his being liable to dismissal, should he place his opinion in antagonism to the views of the proprietor. He, in fact, holds the appointment only while it pleases the latter to retain his services, and hence his power of remedying abuses is greatly circumscribed. The existence of improper practices would, we conceive, be in some measure checked, if the medical attendant of a licensed house had greater authority, and if he were placed in a more independent position. At present he is appointed and dismissed at the pleasure of the proprietor. His duties are not defined; he does not regulate the diet or exercise—does not examine the clothing or bedding; in fact, he takes little or no part in directing the moral treatment of the patients, his functions being chiefly confined to prescribing in case of bodily illness. In some houses, two medical gentlemen are in the habit of attending, each taking charge of a certain number of patients; but generally the proprietor orders the shower bath, seclusion, or mechanical restraint, to be applied at his own discretion, without even consulting them. The consequence is, that mechanical coercion is applied and continued in these houses to a considerable and much greater extent than is known to the medical officer.

Condition of Establishments. — Licensed Houses. — Medical Attendance.

Rates of Payment.

At present, the lowest and usual rate for paupers in licensed houses is £20 per annum, but in some the charge is £22, and, at Langdale, it amounts to £24, 1s. These charges include bedding and clothing; and, frequently, these sums cover also the expense of conveying the patients to the asylum, the cost of warrant, the charge for medical certificates, and, in short, every outlay except funeral expenses.

Rates of Payment.

When we take into consideration the mode in which the licensed houses for pauper patients are conducted, and compare the accommodation and treatment they afford with that which is provided in chartered asylums, we cannot doubt that these rates, in the larger houses especially, leave a considerable margin as profit to the proprietor.

The proprietors of licensed houses are of course en-

Condition of Establishments.

Licensed Houses.

Rates of Payment.

titled to make a fair profit of them, and thus viewed, the above-named charges cannot be considered too high; but there is always risk that the profits may be made too great to the disadvantage and suffering of the patients. Hence we look upon those houses which receive patients at the lowest rates with great suspicion, as leaving too narrow a margin for fair remuneration, and as almost of necessity leading to improper treatment. There must always be a rate below which the charge for proper care and treatment cannot, in fairness to the proprietor, and justice to the patient, be reduced; and hence, if it be too low to admit of both purposes being fulfilled, it is to be feared that the injury will fall upon the latter. Of late, proprietors of new houses have endeavoured to establish themselves by receiving patients at lower rates than the older establishments; and, in self-defence, the proprietors of these have also been obliged to reduce their charges. In those cases where the proprietor of the licensed house pays the travelling expenses, and all other outlay incurred prior to the admission of pauper patients, an obvious error is committed. The practice is objectionable, first, because no return of the sums so expended is made to the Board of Supervision under a distinguishing head, and consequently one means of directing their attention to the fact, that patients are often transferred from public to private asylums is avoided; and secondly, because the expense thus undertaken by the proprietor of the licensed house is, in reality, a further mode of underselling, and must afford an additional motive for reducing the comforts of the patients. Such a system clearly ought not to be permitted. This competition and underselling amongst the proprietors of licensed houses receiving pauper patients, is produced by the conviction that motives of economy alone influence parochial authorities, and decide the question in what house a patient shall be placed. Hence, men who by education and special training would be entitled to look for fair remuneration for their services, are deterred from engaging in a branch of their profession where superior skill brings no advantages, and in which they would be placed in unfair competition with individuals of inferior position and attainments. This subject

Condition of Establishments.

Licensed Houses.

Rates of Payment.

is well worthy of the serious consideration of all parochial authorities, not only on the score of humanity, but also of ultimate economy, especially as there is little doubt that, for sums not greater than those they are now paying, superior accommodation and treatment might be provided for their pauper lunatics in district asylums, where profit would not form an element in the account.

The rates of payment for private patients vary, with the accommodation provided, from £350 per annum, the highest rate, to £20, at which sum the accommodation is the same as that of the pauper patients. We have had little means of ascertaining whether the sums paid by the friends of private patients are in fair proportion to the extent of their means, but we have frequently observed that the accommodation provided for them in licensed houses, was much below what it should have been, considering the rate of payment. This is a point as to which neither the Sheriffs nor the medical inspectors consider themselves under any obligation to inquire; and we have seen enough to satisfy us, that it is not always attended to by the friends of the patients.

We have, in our descriptions of the various houses, noticed several instances where the accommodation was inferior to what the patients had a right to expect for the sums paid on their account. As examples, we may here mention two of the worst cases that came under our cognizance. Two male patients were confined in Hill-end asylum, near Greenock; both had occupied respectable positions in life, and the payments made for them were respectively £53, 11s. and £35 per annum. These sums should have secured them comfortable accommodation; but at the time of our visit they shared a small bedroom with a third patient, and for months had slept together, entirely naked, in a miserable trough-bed, upon a small quantity of loose straw. Both patients were dirty in their habits, and the straw was found by us to be filthy and saturated with urine. They were associated with the pauper patients, and their accommodation and treatment was similar to that of the lowest class.

Appendix C.

Condition of Establishments.

Licensed Houses.

Overcrowding.

Overcrowding.

Nearly all the licensed houses are greatly overcrowded. In Lanarkshire, 800 cubic feet of air have been fixed by the Sheriff, as the minimum allowance for each patient in the dormitories, and this regulation is enforced by his refusing to grant licenses where this amount of space is not provided. In Midlothian, however, no such rule exists, and little has been done to check the tendency to overcrowding, which is naturally fostered by the interest of the proprietor. A proper classification thus becomes impossible, and the reprehensible practice is consequently occasionally followed, of placing two male patients in rooms calculated to accommodate only one. It was owing to such an arrangement, that a patient was killed by another in Hallcross. In Appendix C, will be found a series of measurements of the dormitories of four of the largest licensed houses at Musselburgh, by which it appears that sometimes less than 200 cubic feet of air, or scarcely a third of what is usually considered necessary, is allowed to each patient, and that the average amount is about 300 cubic feet.

Appendix M., p. 288.

Ventilation.

Ventilation.

Ventilation, in the licensed houses, is generally altogether dependent upon the doors and windows. In the better class of houses, where every patient has a room, the want of artificial ventilation is not much felt; but, in the crowded dormitories of pauper houses, its absence engenders a highly contaminated atmosphere. In these, the windows, even in summer, are almost always closed during the night, and the fireplaces are generally boarded up, so that ventilation is impossible. When it is considered that the patients, many of whom are of dirty habits, retire to bed about seven in the evening, and do not rise till eight next morning, it is easy to imagine how very offensive and deleterious the atmosphere of these crowded dormitories must become, during an occupation of at least thirteen hours.

Heating.

Heating.

In some houses, the sleeping-rooms have no fire-places

at all, as is the case in the asylum of Hillend ; in others fire-places exist, but are boarded up, as at Lilybank ; and in others, where the dormitories serve also as day-rooms, there are sometimes fires during the day, which are not kept up at night. Occasionally, we met with rooms, on the ground floor, so damp and cold, that constant fires are required, even in summer, to make them habitable This is the case with one or two at Millholme asylum. Condition of Establishments. Licensed Houses. Heating.

Where healthy individuals are concerned, it is difficult to fix a minimum degree of heat, below which it might be dangerous to reduce the temperature of their dormitories. With the insane, however, the matter must be considered in a different aspect. In some cases, as in melancholia, the bodily functions are so languid, that a low temperature acts most depressingly upon the vital powers. In others, there is great restlessness and excitability, associated with weak powers of resistance to depressing agents. Patients of the latter class are apt to throw off the bed-clothes, and, if unwatched, to lie for hours exposed to the lowering operation of cold. Herein is, doubtless, one cause of the increased mortality which occurs in winter in those houses which are imperfectly warmed, and in which the patients, from low feeding and deficient clothing, are not prepared to resist depressing influences.

Clothing, Bedding, and Personal Cleanliness.

In the pauper houses, the cost of clothing is generally included in the annual charge, and is provided by the proprietor of the house. As a general rule, it is by no means equal, either in quantity or quality, to that which is supplied to the pauper patients in the chartered houses, more especially as respects the amount of underclothing which is allowed ; while occasionally the stock is exceedingly scanty, and consists of little more than is actually in wear. This was especially the case in Lilybank asylum. Clothing.

The bedding supplied in the pauper houses for cleanly patients, usually comprises mattresses filled with straw, blankets, and, in most cases, only one sheet to each bed. The coverings, at the time of our visit, in summer, were Bedding.

Condition of Establishments.

Licensed Houses.

Bedding.

found to be generally sufficient; but this was not invariably the case, for at Lilybank the supply of blankets was scanty, and they were also much worn and thin. At the same time, the quantity in store was quite insufficient to have afforded each patient a proper allowance during the winter months.

The provision made for patients of wet or dirty habits is generally very bad. The mattresses, although soaked with urine, are occasionally left for several days with unchanged straw, and unwashed sacking. At other times, the patients are put to sleep on loose straw covered with a sheet, or upon straw alone; the supply being in many houses so scanty, that the boards of the bedstead are scarcely covered. This was especially the case at Hillend. Very often there is no provision for preventing the urine dropping on the floor, which is thus kept constantly wet, and extremely offensive. If the patients are very dirty in their habits, they have night-shirts which reach only to the waist, or they are even made to lie naked, and sometimes two, or even three, in a bed. Their beds have rarely sheets, while the blankets and coverings were often found to be scanty, and frequently dirty and ragged. Generally, the patients sleep singly, but, in a considerable number of houses, two patients are placed to sleep in the same bed; and this practice is not confined to the female patients. In one instance, we found the arrangement for wet patients, to consist of loose straw, covered by a sheet, placed on the floor of very small dark rooms.

On making our visits to the licensed houses, we generally found the wet and dirty bedding drying in the airing-grounds.

As we made our inspections during the summer months, we saw these establishments under the most favourable circumstances; but we have no doubt that the many evils observed by us would have been found greatly increased, had we visited during the continuance of wet and inclement weather.

In some of the better class of private houses, the beds are generally clean and comfortable, but in others this is far from being the case, patients paying £40 or £50 a year occupying beds without sheets, and with very dirty blankets and bedding.

Condition of Establishments.

Licensed Houses.

Personal Cleanliness.

With few exceptions, none of the licensed houses for paupers have the means of giving their patients a warm bath. There is generally a shower bath, which is used, more to calm excitement, and occasionally, we fear, as a punishment, than for the purposes of cleanliness, or as a means of invigorating the general health. The washing accommodation in all the licensed houses is extremely defective. Very frequently there are no basins, and the patients are then said to wash in tubs, or at the pump; but, in some cases, it seemed doubtful whether they washed above once or twice a week. The tubs, we were told, are placed in the day-rooms or dormitories, or in the washing-house; which last locality, in Lilybank asylum, is a small damp shed, in which the shower bath is placed, and which serves also as the dead-house. In nearly all the houses the stock of towelling was insufficient.

In many of the pauper houses there are no chamber-utensils in the dormitories, their place being supplied by tubs, which occasionally are chained in the middle of the floor. This arrangement we found in the sleeping-rooms both of males and females. Sometimes even this provision is omitted, as we found to be the case in some rooms at Hillend.

In general, there are no water-closets or necessaries within doors, and those in the yards are frequently very dirty, and, in some instances, used by both males and females. Compared with the population of the house, they are also frequently too few in number, and sometimes, as at Hillend, not constructed with proper regard to decency.

Diet.

Diet.

We had no means of ascertaining the quantity of food allowed for each patient in the licensed houses. There are no diet-tables; and, even if there were, they would afford no guarantee that the patients received the stipulated quantities. Neither is there any record whatever, showing that extra diet or medical comforts are allowed to the sick, feeble, or aged. In the pauper houses, the diet, in general, consists of porridge and buttermilk, morning and evening, or of tea and bread, if the patient

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Licensed Houses.

Diet.

prefers them; and of broth, with bread and potatoes, and a small allowance of meat, for dinner. The animal food is generally said to amount to about two ounces for each patient, and is always given in the broth. The food is usually served in a slovenly manner.

Although we could not ascertain the amount of food allowed the pauper patients in the licensed houses, we had no difficulty, on comparing their bodily condition with that of the same class of patients in the chartered asylums, in arriving at the conclusion that the latter are generally better fed. We have already had occasion to direct attention to the importance of a full diet in the treatment of the insane, and we take this opportunity of again pointing out how prejudicial to the patient, and opposed to his recovery, must be a diet which only imperfectly nourishes his body.

In the houses for private patients, the food, so far as we could judge, was always sufficient in quantity, but was frequently badly served. The patients usually dine together in associated day-rooms, but the table-linen is often extremely dirty. In some houses, the patients are served in their sleeping-rooms, taking their food in a basin, and tearing the meat with their teeth and fingers. These remarks are not intended to apply to those licensed houses which are appropriated to the reception of the higher class of patients, some of which are unexceptionable as regards both diet and table-service.

Instrumental Restraint and Seclusion.

Restraint.

Instrumental restraint is in very general use in all the pauper houses, and not unfrequently also in the houses for private patients. There are houses in which some of the paupers are constantly manacled, either with the view to prevent their escape, or to keep them from attacking the attendants, or patients. The straitwaistcoat is in daily use. The cause of this large amount of mechanical restraint appears to be chiefly due to the very small number of attendants, to deficient exercise, and to the great want of small rooms for the temporary separation of excited patients. Not-

withstanding any regulations to the contrary, we have reason to think that, in most of the licensed houses, the attendants have the power of applying restraint at their discretion. In almost every house, we found handcuffs, leg-locks, gloves, straps, and strait-waistcoats, and these not in the custody of the proprietor or medical attendant, but hanging up in the wards, or in the rooms of the attendants, who were evidently without any check as to their application, showing that the practice of restraint is still very prevalent. We may here mention the fact, that, in the early part of the present year, one of the principal cutlers in Edinburgh applied at the Morningside asylum for a pattern of the manacles and leg-locks used there, to enable him to execute an order he had received from one of the houses in Musselburgh. It is almost needless to remark that the superintendent was unable to comply with the request.

Condition of Establishments. — Licensed Houses. — Restraint.

Seclusion rooms are attached to some of the licensed houses. In one or two they are understood entirely to supplant physical restraint, but usually they are supplementary to it, and patients confined in them are sometimes also mechanically restrained. They are generally located in outhouses, and are frequently without the means of warming and ventilation.

Seclusion.

Exercise.

Considerable differences exist as to the extent and cheerfulness of the airing-grounds. In a few houses they are of fair size, and tolerably cheerful, but in general they are small, gloomy, surrounded by high walls, and without any view. This is especially the case where any considerable additions have been made to the original building, and where enclosed airing-courts have been made, which are far more objectionable than the ordinary grounds originally attached to the dwelling-house. Usually, males and females have separate airing-yards, but occasionally, as at Hallcross, the same court or garden serves for both sexes. Little consideration has been given to the necessity of making these enclosures cheerful, and even when great advantages in respect of situation exist, the opportunity of obtaining a prospect

Exercise.

Condition of Establishments.

Licensed Houses.

Exercise.

has been disregarded. Thus, at Hillend, near Greenock, the patients take exercise in four small courts, situated at the back of the house, and surrounded by high walls. Had they been placed on the opposite side, the inmates would have had the advantage of a cheerful view of the Clyde and distant mountain scenery.

Occupations and Amusements.

Occupations.

To some of the houses a little garden-ground is attached, which furnishes a small amount of occupation to the patients; but only in one pauper establishment—that of Langdale—is the quantity of land sufficient to afford proper employment. Indeed, the want of the means of occupation is one of the many evils of the licensed houses. We found, for instance, in the asylum of Lilybank, 37 male patients cooped up in an airing-court, the whole of which, with the exception of a walk round it, is converted into a small bowling-green, and left there with literally no occupation whatever. In the other houses, their condition is, in this respect, little better. The grounds for 60, 70, 80, or even 90 patients, rarely exceed one acre in extent; while there is seldom any attempt made to provide the men with any kind of work. The females have more advantages, as they assist in the house and laundry, and occupy themselves in needle-work.

Amusements.

In some of the private houses, a few of the patients have been prevailed upon to occupy themselves in the garden, but very little has been accomplished in this respect. In the houses for the better classes, the patients are supplied with books and newspapers, and have the use of billiard-tables and bowling-greens; and occasionally, also, a turning-lathe, or some such means of occupation is provided.

The patients in these houses, also, occasionally walk beyond the limits of the property, accompanied by an attendant; but, in the pauper houses, this is scarcely ever the case, and the patients in them have seldom any means of amusement except a bowling-green.

Condition of Establishments. — Licensed Houses. — Religious Services.

Religious Services.

In the Musselburgh houses, a missionary is stated to attend once a fortnight, on different days, in the several houses, for the purpose of praying and reading with the patients; but it does not appear that any of them are visited by a clergyman of the Established Church, or that there is any regular service on Sundays. In one or two of the houses, however, a few of the patients are permitted to attend church. In the houses for the upper classes, the proprietor generally has prayers, or reads the service, on Sundays, and some of the patients go to church. There is seldom, if ever, a special chaplain appointed; and, in some houses, we have reason to think, that there are never any religious exercises whatever.

Attendants.

Attendants.

The proportion of attendants to patients was fixed by the late Mr. Speirs, Sheriff of Midlothian, for the licensed houses of that county, at 1 to 12; but this regulation, whatever may have formerly been the case, is unfortunately not now observed. The number of attendants is generally insufficient, and the inducements they receive, in the shape of emolument, are not great enough to attract or to retain good servants. No system of night-watching is adopted, nor is it customary to make any inspection of the condition of the patients during the night.

Statutory Records.

Statutory Records.

In by far the greater number of houses, the statutory registers are very imperfectly kept; and, in some, they have not even been provided. The record of restraint is occasionally not kept at all, even in houses in which patients are constantly under instrumental coercion; and in this respect the provisions of the Act, which are of a very stringent character, are utterly neglected. It would, indeed, be difficult to give a more striking instance of the total disregard with which the provisions of the Acts relating to lunatics are treated. By sect. 3 of 9 Geo. IV., c. 34, it is enacted—"That whenever any coercion,

Condition of Establishments.

Licensed Houses.

Statutory Records.

"severity, or restraint, beyond that of solitary confine-
"ment, shall be used towards any person confined in
"such house, an entry shall be made in the foresaid
"book on the same day on which such coercion, severity,
"or restraint shall be first used, setting forth the nature
"of such coercion, severity, or restraint, together with
"the special cause thereof; and it is further provided,
"that the keeper of such house shall make, or cause to
"be made, an entry in said book on each succeeding day
"during which such coercion, severity, or restraint may
"be continued, showing the progress of the disorder,
"and how far such coercion, severity, or restraint has
"been increased, diminished, continued, or put an end
"to; as also the reasons for the continuance or change
"of such treatment." But such a record is never kept, nor does it appear that the authorities have ever taken steps to enforce a compliance with the statute. No medical case-books are kept.

Results of Treatment.

Results of Treatment.

In most of the licensed houses receiving patients above the class of paupers, the cases are selected; and hence when comparing the condition of the inmates in a public asylum and a licensed house, this circumstance should be borne in mind. The proprietor of a private asylum has the power of refusing admission, or of discharging his patients at pleasure; and this power is more freely exercised than is the similar one possessed by the chartered asylums. It will be seen, on reference to the descriptions given of each licensed house, that troublesome patients are frequently avowedly rejected; how far the feeble and those requiring extra sustenance, or such as are likely to die, have been refused admission or been discharged, we have had no means of forming an accurate judgment.

The results of treatment, therefore, can only very incorrectly be estimated by means of statistical tables, without the aid of much additional knowledge. This is a fact well known to writers on the statistics of insanity, and it receives further illustration from the following table, compiled from the returns of such of the licensed houses as receive a considerable number of patients:—

Condition of Establishments.

Licensed Houses.

Results of Treatment.

* TABLE showing the average Number of Patients resident in the under-mentioned Licensed Houses, during the five years 1850, 1851, 1852, 1853, and 1854; the average Number of Annual Admissions, Recoveries, Removals, and Deaths, during the same period; the Proportion of Recoveries per cent. on the Admissions; and the Proportion of Deaths per cent., on the average Numbers Resident during the five years.

NAME OF ASYLUM.	Average Numbers Resident During Five years.	Average Annual Admissions.	Average Annual Recoveries.	Average Annual Removals.	Average Annual Deaths.	Proportion of Recoveries per cent. on Admissions.	Proportion of Deaths per cent. on Numbers Resident.
Saughtonhall	41.40	15.60	10.20	1.80	4.00	65.38	9.61
Hawkfield ...	28.03	3.20	1.00	1.00	.40	31.25	1.42
Lilybank.....	44.95	23.20	5.00	.40	5.40	21.55	12.23
Hallcross.....	73.26	22.80	7.40	7.60	3.00	32.45	4.09
Millholme ...	51.75	15.40	8.00	1.60	3.60	51.94	6.95
Newbigging House.....	69.21	21.60	7.80	1.00	4.80	36.11	6.93
Whitehouse,	40.05	8.80	3.40	2.40	3.40	38.63	8.48
Langdale.....	56.36	52.20	19.40	9.60	7.40	37.16	13.12
Hillend.....	96.46	39.40	20.20	13.20	8.60	51.26	8.91
Garngad.....	16.96	10.40	3.80	5.20	1.80	36.53	10.97
General Result.	518.43	212.60	86.20	43.80	42.40	40.54	8.17
			172.40				

This table shows the proportion of recoveries per cent. on the admissions to vary from 21.55 to 65.38; and the mortality from 1.42 per cent., on the average numbers resident, to 13.12 per cent. The general features are a lower per centage of recoveries, and a somewhat more favourable rate of mortality, than those shown by the chartered asylums. But, from the imperfect method of keeping the registers followed in some houses, and the almost total neglect of them in others, we are far from feeling confidence in the results, either in regard to their accuracy, or as indications of the efficacy of treatment. This is especially the case when we bear in mind that, at the chartered asylums, patients are often admitted in a moribund condition, in which state they would be refused at licensed houses; and, that the paupers admitted into private asylums, are mostly affected with chronic insanity, in which the mortality is less than in recent forms of the malady.

The house which presents the lowest per centage of recoveries, together with a high rate of mortality, is

* This table includes both private and pauper patients. This fact should be borne in mind in comparing the numbers with those in Appendix F.

Condition of Establishments.

Licensed Houses.

Results of Treatment.

that of Lilybank, at Musselburgh; and for this reason we select it for further special consideration.

In addition to the facts above noted, it will be seen by the table, that the average number of admissions at Lilybank, amounts to double the average number of discharges and deaths. The asylum has thus been in a state of rapid increase, a circumstance that renders the high mortality still more unfavourable; for, it is calculated on a resident population, which has been only a comparatively short time in the house. The low rate of recoveries shows that the cases are not of recent character, while the high rate of mortality is an indication that, supposing them to be chronic, they are placed in very unfavourable circumstances.

Lilybank asylum was opened about six years ago by the present proprietor, who had entered upon this course of life without any experience in the treatment of the insane. He issued circulars to the inspectors of parishes, and came to an understanding with the parochial authorities of the parish of Inveresk, that, as their tenant, he should have a preferential right to their lunatics.

Appendix M., p. 360.

The result was that, on the 14th of May 1855, he had 73 patients in his establishment. In the five years, from 15th May 1850, to 14th May 1855, 136 pauper lunatics had, at various periods, formed its population, of whom 20 belonged to the parish of Inveresk, 37 to that of Perth, 49 to various parishes in Fife, and the remainder chiefly to parishes in Midlothian, Argyle, Haddington, and Peebles. Of the whole number, 55 are reported as having been removed from other asylums, without doubt from motives of economy on the part of the parochial boards.

When we visited the asylum in May 1855, we found the patients generally, but more especially the males, presenting unmistakable symptoms of having been under-fed, and insufficiently clothed. Their circulation was feeble, their skin cold, and their flesh wasted and pitting. On investigation, we discovered that there was a great deficiency both of day-clothing, and of bed-coverings. Several of the fire-places were permanently boarded up, and the rooms were thus deprived both of the means of warmth and ventilation. We had no means of ascertaining how far the supply of food was

deficient. From the returns which we obtained, we found that the mortality among the 136 patients, who had been resident in the asylum during the five years, amounted to 38, and that the deaths occurred in the following months:—

Condition of Establishments.

Licensed Houses.

Results of Treatment.

Winter Half-year.		*Summer Half-year.*	
November,	8	May,	0
December,	1	June,	1
January,	5	July,	1
February,	6	August,	1
March,	7	September,	1
April,	4	October,	3
	31		7

We further found, that while the proportion of male and female patients was nearly equal, viz., 69 males and 67 females, the number of deaths amongst the men was 24, and amongst the women only 14. At the same time, the average age at death of the males was 47.6 years, and that of females 55 years. Although the rate of mortality among the insane, is usually found to be greater among men than women, and in winter than in summer, the general tendency of these facts is, undoubtedly, to show that, in this instance, the mortality stood in direct connexion with influences that told more severely upon the males than upon the females. Our personal investigations led us to believe, that the males, considering their sex, were more poorly fed, and also more scantily clothed, than the females; and we cannot, therefore, resist the conclusion, that cold, and insufficient food, formed the principal causes of the greater mortality among them. This conclusion is further supported by the history of the winter of 1854-55. Between 18th October 1854, and 4th April 1855, no fewer than 18 deaths occurred in a population which, on 14th May 1855, numbered 73. There was no epidemic in Musselburgh at the time, but the winter was very severe, and the beginning of the mortality coincided with the setting in of the cold weather. The following table gives the initials of these patients, and the dates of their admission and death, together with their ages, and the reported causes of death:—

Names of Patients.	Date of Admission.		Date of Death.		Age at Death.	Cause of Death.
D. C., ...	29th Sept.	1851.	19th Oct.	1854.	40	Scorbutus and Debility.
C. B., ...	5th July	1854.	20th „	„	50	Apoplexy.
H. S., ...	7th April	„	22d „	„	41	Severe Diarrhœa.
C. G., ...	18th Oct.	1850.	4th Nov.	„	55	Rheumatism and Debility.
N. M'K.,.....	5th July	1854.	6th „	„	30	Asthma, from Hypertrophy of Heart.
F. D.,.....	13th Jan.	„	10th „	„	50	Phthisis.
Mrs. H., ...	5th July	„	28th „	„	50	Dropsy.
A. F., ...	13th Sept.	„	4th Jan.	1855.	65	Dropsy and Debility.
J. S., ...	5th July	„	20th „	„	25	Marasmus.
E. M'E., ...	8th Nov.	1849.	29th „	„	70	Ileus.
M. S., ...	29th June	1852.	31st „	„	56	Tabes Mesenterica and Ulceration of Bowels.
J. F., ...	25th Dec.	1851.	4th Feb.	„	62	Gastric Fever.
J. D., ...	3d Jan.	1855.	9th „	„	30	Epilepsy.
B. A., ...	15th Nov.	1852.	18th „	„	33	Paralysis.
J. H., ...	21st Dec.	„	28th „	„	30	Epilepsy.
A. G., ...	March	1850.	„ „	„	42	Phthisis.
J. C., ...	13th June	1854.	1st March	„	29	Do.
D. W.,.....	13th Dec.	1851.	4th April	„	70	Rapid Asthmatic Bronchitis, supervening on Erysipelas, with vitiated habit of body.

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Results of Treatment.

It will be seen from this table, that although several of the patients were far advanced in life, yet that the majority of them did not exceed middle age, and that the cause of death cannot, except in three or four cases, be ascribed to old age. Several of them had been in the house a considerable time, while others had been admitted only a few months before their death. Among the latter were N. M'K., Mrs. H., and J. S., who had all been removed in July 1854, from the Perth Asylum, and about whose previous condition we had, therefore, the means of obtaining authentic information.

Condition of Establishments.

Licensed Houses.

Results of Treatment.

The following reports by Dr. Malcom, give the condition of the patients on leaving Perth Asylum; and those by Mr. Laurie, medical attendant of Lilybank, alleged to have been made at the time of their death, show the changes which were brought about during a few months' residence and treatment at Lilybank.

The report by Dr. Malcom, of the condition of N. M'K., is as follows:—"A brassfounder, age 31; mania; physical condition, good. Been 10 years in asylum." Mr. Laurie makes the following remarks:—"Dementia; duration not known; chronic; cause of death, asthma from hypertrophy of heart; death was sudden."

Of Mrs. H., Dr. Malcom says:—"A house servant, age 41; physical condition, good. Been one year in Perth Asylum." Mr. Laurie reports:—"Her body was quite wasted with moanings, and dropsy supervening soon destroyed her. Consuming melancholia; duration not known; chronic."

Of J. S., Dr. Malcom reports:—"A weaver, age 25; mania; physical condition, good. Been six years in asylum." Mr. Laurie's account is:—"Marasmus; sudden death. This man was a perfect shadow, and this was the result of incorrigibly erotic habits. Dementia; duration several years."

We find it difficult to reconcile the two reports of these cases, unless on the supposition that the patients were placed in circumstances calculated to produce a rapid deterioration of their condition.

In some houses we have found considerable jealousy existing as to the visits of relatives. At Lilybank, for instance, no one is admitted without an order from the inspector of the patient's parish. This fact, when considered in conjunction with the difficulty, not to say impossibility of the patient communicating with his friends by letter, may help to account for the unsatisfactory state of matters which we have just described.

The asylum of Hillend is another establishment in which we had grounds for fearing that the patients suffered from cold.

This house is carelessly conducted, and the state of the atients was very unsatisfactory. The beds, especially

Condition of Establishments. — Licensed Houses.

those for the wet patients, were in a disgraceful condition, being exceedingly dirty, with very scanty bedding. The means of warming the house were deficient. These facts made it natural to expect a considerably higher mortality in winter than in summer.

Results of Treatment.

Accordingly, an analysis of 40 deaths of pauper patients, which took place between 15th May 1850, and 14th May 1855, shows that 28 occurred in the winter months, and 12 during the summer. Thus, there happened in

November, .	2	Deaths.	In May, . .	2	Deaths.
December, .	2	„	June, . .	1	„
January, .	7	„	July, . .	3	„
February, .	7	„	August, .	2	„
March, .	6	„	September, .	2	„
April, .	4	„	October, .	2	„
	28			12	

Of these 40 deaths, 25 were males, and 15 females; the proportion of both sexes in the house being nearly equal. The average age at death of the males was 36 years, and that of the females 47 years.

Summary.

Summary.

We will now consider the general condition of the two houses of Hillend and Lilybank, as ascertained by our own personal inspection and the evidence of witnesses; and here it may be well to state that, as with a view of diminishing the size of this Report, we have omitted the questions put to the several witnesses, the extent to which we found it necessary to press them, for the purpose of eliciting the whole facts of the case under investigation, does not fully appear. When perusing the evidence this should be borne in mind.

Before taking the evidence of Mr. Thomson, the proprietor of Hillend, we had already ascertained, by personal investigation at several visits, a number of facts respecting the treatment pursued towards the patients in that asylum, the most striking of which were: That the bed-frames, which are about the ordinary size, with only spars of wood at the lower part, were dilapidated and saturated with filth; that the quantity of straw in them was very scanty, and mixed with refuse;

and that it was wet, offensive, and broken into small portions, and had clearly not been renewed for a considerable time. That a certain number of the patients, males as well as females, were stripped naked at night, and that in some cases two, and in one case even three, of them were placed to sleep in the same bed-frame, on loose straw, in a state of perfect nudity.

The names of these patients were noted, together with the rooms in which they slept, the length of time they had been so placed together, and the duration of their residence in the asylum; and it was found that the practice had been pursued for a considerable time, that it existed on both sides of the house, that the patients were often so treated from the first night of their admission, and that the system was not confined to the poorest class of inmates, as two private male patients, paying respectively £53, 11s. and £35 per annum, slept together naked in a trough bedstead, on loose straw laid on rough boards. We had further ascertained that some of the coverlets, seen on the beds during the day-time, were removed at night, and that the straw used for bedding was scanty, and not renewed when wet or dirty; that instruments of restraint were kept by the attendants, who removed and attempted to conceal them on the approach of visitors; that the patients were restrained by means of manacles, fastening the arms behind the back, and also to rings fixed in the wall; and that the house was much over-crowded, although containing about thirty patients fewer than were in it previous to February 1855.

The unwillingness of Mr. Thomson to admit the foregoing facts, and the contradictory statements made by him, will appear from the following extracts of some portions of his evidence:—

Appendix M. No. 16.

"All the coverlets seen on the beds in the day-time are "left on at night. The outside cover is not taken off at "night."

"*It is probable the covers may be taken off, but only from "the dirty patients.*"

"I am responsible for the bedding; and, if it were out "of order and dirty, I would be to blame. I am responsible "for the whole patients, women and all. I have examined "them at night."

"*I never go into the rooms at night.*"

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Speaking of the rooms, he says:—

"I think they are all thoroughly cleansed. I cannot "account for any offensive smell existing in several of "them, when the Commissioners inspected them."

"*The floor is constantly soaked in urine.*"

"The patients are not fastened to the chains in the "bedsteads, nor to the rings in the walls of the day-"rooms."

"*There is an epileptic lad who is frequently fastened to "the rings in the wall.*"

"The nurses or attendants cannot put on the muffs or "chains without his (brother's) knowledge."

"*The nurses keep the muffs in their custody.*"*

"I don't think any of those sleeping without their body-linen, sleep together in the same bed."

"*I daresay half of the dirty patients would sleep naked; "seven would, therefore, sleep with others. I cannot say that "more did not sleep together in a state of nudity.*"

There is some obscurity in the statements in Mr. Thomson's evidence, in reference to the number of patients sleeping double. He, however, states that there are only 50 beds for 70 patients, and that during the two years when the house contained about 100 patients, "some must have slept three in a bed or on the floor."

As indicative of Mr. Thomson's views of his duty towards his patients, we quote the following passage of his evidence:—"I have said that I was responsible for providing suitable accommodation, sufficient space, clothing, bedding, diet, means of exercise and occupation for the patients, and in fact for their general treatment." The lamentable mode in which he interpreted these responsibilities is glaringly exhibited in the extracts above given.

Nevertheless, after a long examination, eliciting the sad condition of his patients, Mr. Thomson says in conclusion:—

"I consider the treatment is proper for them."

In addition to the above contradictions made by Mr. Thomson himself, the following inaccuracies are worthy of remark. The payments for private patients w e stated to us to range from £30 to £40 per annum. We

* The Commissioners, on the occasion of one of their visits, discovered a nurse hiding a strait-waistcoat; and, at every visit, they found one or more patients restrained.

found, however, when making inquiries as to one of the patients placed to sleep naked on loose straw, that the sum of £53, 11s. was paid for him. Again, the wages said to be paid to the attendants and nurses, and recorded in our account of the house in the Appendix, are higher than the sums stated to us from another source. Moreover, the returns made to our office were found, on examination, to be inaccurate.

Condition of Establishments.

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Summary.

Mr. Thomson states, in his evidence, that "we look particularly to the cleaning of the patients;" and, further, that none have suffered from excoriations. On the four several visits of the Commissioners, many of the patients were found to be extremely dirty in their persons; and one of the women placed to sleep with two others in a naked state, was found to be suffering from excoriations when the house was visited on the 15th of September 1855.

It is obvious that when Mr. Thomson appeared before us in Edinburgh, he attempted to conceal facts which we had already ascertained, and that his admissions of them were only obtained after repeated questioning on the several points. It also appears from the evidence of Mr. Macfarlane, Sheriff of Renfrewshire, that the system of showing only the better description of beds to him, at the time of visitation, was calculated to deceive. The evidence of Mr. Kirkwood, the Inspector of Govan, also shows that, when visiting to inspect his cases, he was detained a considerable time before he could gain admission to the wards; and, further, we find, from Mr. Thomson's evidence, that Mr. Kirkwood was the only inspector who ever saw the patients in their wards, the other inspectors not going into the rooms, but having the patients brought to them.

As respects the condition of Lilybank asylum at Musselburgh, we have already alluded to the large mortality which occurred among the patients during the winter of 1854-55.

The house is extremely over-crowded, and it appears that the patients in it are poorly fed, badly and insufficiently clothed, and scantily supplied with bedding.

Mr. Laurie, the medical officer, in his evidence, makes the following statements respecting this asylum:—

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—
Licensed Houses.
—
Summary.

"I should have wished more clothing; but, under "the circumstances, it was impossible, because the sums "paid for maintenance would not admit of it."

"The amount of clothing is a matter of degree. I "should say that I could not have lived myself in the "clothing of some of the patients during the past "winter."

"If Mr. Aikenhead's house were mine, I would not "like to have so many patients in it. It cannot be con- "ducive to health, to have so many patients locked up "in small rooms, where there is no ventilation except "by the windows."

"Mechanical restraint is employed by the attendants "at their own discretion. We have two males per- "manently restrained."

Mr. Alexander Sanderson, a medical man, who visits Lilybank occasionally as parochial surgeon, says:—

"Several patients who left other asylums in good "health, and were removed to Aikenhead's, soon after "died; at least so I was informed."

"I saw no fires at Aikenhead's in the bed-rooms; in- "deed, fires hardly appeared necessary, from the crowded "state of the patients."

The above extracts from the evidence, confirm the results of our personal inspection, as to the bad condition of these houses, and the very unsatisfactory treatment of the patients, which, we have reason to think, are not fully known to the official inspectors. Indeed, it would appear that, in some houses, the instruments of restraint are systematically removed from the persons of the patients after the arrival of the Sheriff at the asylum; for we find in Dr. Renton's evidence, page 412, that, speaking of Lilybank asylum, in which two male patients are kept constantly in restraint, by means of handcuffs, he says, "There are not any patients under restraint at "Aikenhead's." And further, in reference to Mrs. Brownlee's house, at Newbigging, he states, "In Mrs. "Brownlee's house, I don't think there are any cases of "restraint. There is a Miss W. lately come, and a Miss "M. I don't think restraint is used to them." We had ascertained, however, that these two patients were frequently restrained.

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Again, speaking of the house kept by Scott, at Musselburgh, where mechanical restraint is very frequently employed, Dr. Renton says, "I don't recollect seeing any patients in Scott's under restraint." And, in reference to a female patient whom we found in a strait-waistcoat, and who was frequently fastened in that manner, he remarks, "I saw an old woman, who had been "for a number of years in an asylum. I don't know "that she had ever been under restraint."

Being interrogated as to the amount of furniture in Scott's house, which contains scarcely anything but the patient's bedsteads, he says, "For the number at Scott's, "I think, the furniture may be sufficient. In the day-"room, I daresay, there was a table, but I can't be quite "positive."

These instances might be multiplied in allusion to other houses.

Economy being the main object of the parochial boards, and profit that of the proprietors, it is not difficult to conceive how their combined operation must affect the condition of pauper patients in licensed houses. How far inspectors may have overlooked stint and neglect, and how far proprietors may have eked out by parsimony an unfair thrift, it is not easy to determine; but where economy on the one hand, and profit on the other, are in undisguised operation as the main motives of conduct, there can be no doubt that pauper patients in licensed houses are exposed to the danger of privation and neglect.

The following is a summary of the different modes already enumerated, in which a saving of expense has been effected; and the manner in which such economy operates in diminishing the comforts, and preventing the proper treatment of pauper patients, is worthy of attention.

The patients are placed in small houses, quite insufficient for their numbers, and are made to use the same rooms both as day and sleeping accommodation; they are also crowded into small airing-courts, inadequate to afford proper exercise, or a proper separation of the sexes. By these means, rent is saved.

Where the proprietors have agreed to provide clothing and bedding, it is generally poor and scanty. Some of the

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patients are without shoes and stockings; and scarcely any ever go beyond the walls of the airing-courts, which would involve additional expense in the purchase of hats for the men, and bonnets and shawls for the women.

The bedding is of a coarse and cheap description, insufficient in quantity, and it is not renewed when filthy —whereby a saving of materials is effected. A further saving is also obtained by making one bed serve for two, and even three patients.

The beds, in some cases, serve the purposes of seats; there is a general want of tables, and utensils necessary in a household, and of articles needed by the sick and infirm, as well as of books, and other means of amusement. Thus, in respect of furniture, &c., very little outlay has been made. By crowding the patients together day and night, the expense of fuel is diminished.

The inmates, during the winter months, pass the greater part of each 24 hours in their beds, whereby candle-light is saved. In Langdale asylum the patients are not allowed candle-light at any season.

By removing the body-linen at night, and by the long use of articles without washing, the ordinary expense in wear and tear is prevented.

Judging from the diet served to the patients, the expenditure in food must be small; few extra articles of diet are provided, and little or no tobacco is allowed the patients.

As respects service and wages, the employment of mechanical restraint, as a substitute for watchfulness; the mode of diminishing labour by placing two patients to sleep in the same bed; the plan of keeping the patients in the yards, and thus obviating the necessity of employing a paid servant to accompany them in their walks, or to induce them to enter on some occupation, are obvious means of reducing the expenditure in these respects.

In bathing, and means of personal cleanliness, in washing of clothes and bedding, the outlay appears to be very small and inadequate.

With the above facts before us, we cannot doubt that, in many instances, practices obviously wrong, and detrimental to the patients, have been adopted in licensed

houses, because an increased profit would thereby be obtained by the proprietor; and hence it may be well here to enumerate, in contrast to the deficiencies of the licensed houses, a few of the advantages offered in the chartered asylums, where the only motives are the welfare and benefit of the patients.

Condition of Establishments.

Licensed Houses.

Summary.

The chartered asylums are situated in elevated, salubrious localities. Separate rooms are provided in them for day and night accommodation. They are spacious, generally well-furnished, well-warmed, and lighted by gas.

Suitable arrangements are made for the sick and infirm.

The inmates are provided with the means of bathing and washing, as well as with other necessary conveniences.

The more orderly patients take exercise in cheerful grounds, and also beyond the premises.

Workshops and means of out-door occupation are provided.

The food is sufficient, of good quality, and well-cooked. The clothing is clean and warm, and each patient has a separate bed.

The patients are under the charge of medical gentlemen of high position and great experience, interested only in their welfare.

They are visited frequently by members of the Committee of Management, and, as a general rule, are attended to by a sufficient staff of competent nurses, who are instructed in their duties, and generally well remunerated.

They are rarely, if ever, subjected to mechanical restraint.

They are visited by a chaplain, and the Sabbath is observed.

There is a good supply of books, with other means of recreation and amusement.

Full particulars of the previous history of the disease are obtained in each case, and a record is kept of the subsequent treatment.

It appears from the above details, especially when considered in conjunction with many others given in the Appendix, that the condition of pauper lunatics, in several of the licensed houses, is most unsatisfactory. No doubt

Condition of Establishments. — Licensed Houses. —

there are some private asylums in which the treatment of the patients is conducted on humane and enlightened principles; but the facts we have quoted show that many of these establishments require to be fundamentally reformed.

POORHOUSES.

Introductory Remarks.

Introductory Remarks.

Until the passing of the Act for the amendment of the laws relating to the relief of the poor, in 1845, there were comparatively few poor-houses in Scotland. Those existing, however, seem to have been all, more or less, in the habit of receiving insane or fatuous paupers, without any warrant from the Sheriff. The practice thus established, is still, in some instances, continued, as in the case of the Edinburgh City Poorhouse, in which we found a considerable number of insane and fatuous patients, none of whom were under warrant. At the date of our first visit, the same practice was in operation in St. Cuthbert's Workhouse, Edinburgh, but a number of the patients in that house have since been placed under warrant.

After the passing of the Poor-law Act, many new poor-houses were erected, chiefly with the view of affording a test of poverty, and thus diminishing the amount of out-door relief. In connexion therewith, various parochial bodies deemed it expedient to provide accommodation for the insane poor, in the expectation of saving expense, and avoiding the necessity of sending them to public asylums or licensed houses. In some workhouses, the patients are mixed with the ordinary paupers, but in others, separate wards have been provided for them. This difference in the mode of accommodation, is generally accompanied by a distinction in the kind of patients received. Where there is no separate accommodation, they are usually merely harmless imbeciles; but where separate wards have been provided, recent cases are generally admitted also, and the part of the house appropriated to them acquires the character of an asylum, though seldom possessing the advantages of an hospital for the treatment of insanity. In both descriptions of houses, the patients are, for the most part, under warrant.

According to the common interpretation of the statutes, it remains with the Sheriff to determine what kind of cases may be received into the poorhouses; but, as no general rule of guidance has been observed, the practice varies in different counties. Thus, in the county of Aberdeen, the Sheriff has ruled that only harmless and incurable cases shall be admitted into poorhouses; and he has resolved not to grant any warrant for the detention of the patient, without the concurrence of the Board of Supervision. "In pursuance of this resolution," says the fifth report of this Board, "he prepared forms of application, certificates, and licenses, in which this concurrence is set forth; and, it is hoped, by this arrangement, which has now been in operation for some months, the poorhouse may be made available for the reception of all those cases, and of those only, for which it is well adapted."

In such cases, the certificates of the medical men state, that, "to the best of their opinion and belief, there is no hope of improvement on the said A. B. by treatment in a lunatic asylum;" and the petition to the Sheriff records, "that, in the special circumstances of the case of the said A. B., the Board of Supervision for the Relief of the Poor has approved of A. B. being removed to the poorhouse."

There can be no doubt that this arrangement was made with the best intentions, and with a view to harmonize the functions of the Board of Supervision with those of the Sheriff in cases where they might come into collision. Perhaps, under the circumstances, it was as likely a means of compassing the object as could be devised, and might work well in practice, on the assumption that both the Board of Supervision and the Sheriff made a point of investigating each case thoroughly and independently; as in that event there would be a double check against any pauper being placed in a poorhouse who ought to have been sent to an asylum. But a divided reponsibility is always dangerous to the public service. The Sheriff is naturally apt to consider the granting of a warrant to place a lunatic in a poorhouse, as a matter wherein the Board of Supervision have already ordered investigation, and satisfied

Condition of Establishments.

Poorhouses.

Introductory Remarks.

themselves of the propriety of the application. On the other hand, the Board of Supervision will be likely to regard it as not incumbent on them to make any very strict inquiries, as the Sheriff has the ultimate responsibility, as well as the ultimate power.

We consider this arrangement open to grave objections. It gives the Board of Supervision authority in a matter which, we conceive, belongs exclusively to the jurisdiction of the Sheriff. We cannot see upon what grounds it should be held necessary to have the concurrence of the Board, in placing an insane pauper in a poorhouse, any more than it should be deemed requisite, for placing him in an asylum, or licensed house. If the parochial board of any parish, with the sanction of the Board of Supervision, has erected a building for the reception of its insane poor, it is nevertheless the function only of the Sheriff, to determine in what cases warrant for admission shall be granted. The Board of Supervision have no means of deciding on the nature of cases, which are not at least equally patent to the Sheriff. The efficient working of the arrangement, moreover, must be dependent on the reliability of the medical certificates, and on the vigilance of the Sheriff, apart altogether from the concurrence of the Board of Supervision. And here it may be well to remark, that the forms of the medical certificates required by the Sheriff and Board of Supervision, are much too vague; for it by no means follows that, because a medical man may be of opinion that there is no hope of improvement for the patient in a lunatic asylum, he is a fit subject for detention in a poorhouse. No amount of skill and foresight will enable any one to predict with certainty, that any case of insanity shall remain harmless or incurable; and we have accordingly met with several cases, admitted into poorhouses under certificates to this effect, of whom some were clearly dangerous, and others have proved to be curable. There is also the risk, not an imaginary one, that the signing of the certificates by the medical officers, may degenerate into a mere form, whatever be the condition of the patient. And hence the necessity for extreme vigilance, on the part of the Sheriff, in granting licenses for the reception of insane paupers into poor-

houses. This vigilance, we admit, has been exercised by the Sheriff of Aberdeen, whose philanthropic exertions to secure the proper treatment of the lunatics of his county deserve all praise; but the generally satisfactory result in this case, is due to the particular interest taken by him, as an individual, in the subject; and we shall presently see that reliance cannot be placed on the proper working of a system, which claims so much special attention to detail, from functionaries having already such multifarious duties to perform.

Condition of Establishments.

Poorhouses.

Introductory Remarks.

The example of the Sheriff of Aberdeen, has been followed by the Sheriffs of several other counties, who, also, have resolved, not to grant licenses for the admission of insane paupers into poorhouses, without the concurrence of the Board of Supervision. But the result bears us out in the strictures which we have passed upon the system. The Sheriffs have generally relied too implicitly on the medical certificates, and abuses have in this way been established. Thus, though, in the county of Fife, the certificate granted by the parochial surgeons declares that the patient is incurable and harmless, and not in a condition to be benefited by being sent to an asylum, we have found it a not uncommon practice in that county to send recent cases to the poorhouses of Dunfermline and Kinghorn, to retain them there if quiet and manageable, and to send them to asylums only when they become refractory and violent. Indeed, we were informed, that the very cases that are sent away, are principally those that are incurable and unmanageable; and that recent cases, in which there is hope of improvement, are retained to save the expense of transmission, and the greater cost of maintenance in an asylum.

In several counties, the accommodation for the insane in poorhouses, is not, as in Aberdeenshire and Fifeshire, restricted by regulations of the Sheriff to the harmless and incurable; but provision is made for the reception of all cases occurring among the poor of the parish. Thus, in Renfrewshire, Lanarkshire, Stirlingshire, and now also in Midlothian, medical certificates are granted in every form of insanity for the admission of cases into poorhouses; and the Sheriff grants his license without reference to the fact whether they are considered curable

Condition of Establishments.

Poorhouses.

Introductory Remarks.

or incurable. Accordingly, the lunatic wards of the poorhouses of Greenock, Paisley, Glasgow, Falkirk, and St. Cuthbert's, must be considered as hospitals for the treatment of insanity. The descriptions we have given of these houses will show, that, generally, they do not afford sufficient means for the proper care and supervision of the patients; and consequently, that the indiscriminate admission of all cases is open to grave objections, not only from the inadequacy of the means of curative treatment, but also on account of the risk of accident to which the inmates must be exposed from the uncontrollable violence of a certain class of cases.

We have already stated that the Edinburgh City poorhouse receives insane and fatuous paupers without any license from the Sheriff, and that, at the time of our first visit, this was also the practice in St. Cuthbert's workhouse. Indeed, on visiting the latter house, we found that the patients were admitted, not only without a license, but even without a medical certificate. The Sheriff had never made an official visitation to either workhouse, so that the responsibility of the management rested solely with the parochial authorities. The reasons for abstaining from applying for a license, appear to have been the wish to avoid payment of the fees, and to be exempt from inspection and interference on the part of the Sheriff.

In the two Edinburgh workhouses, patients were avowedly received without license; but there is scarcely a poorhouse in the kingdom in which there are not several insane persons, who have been irregularly admitted in the same way. The cases thus received are not by any means always harmless, nor of such long standing as to be considered incurable. On the contrary, they are frequently violent, and occasionally recent. Such cases are most commonly found in those poorhouses, in which, ostensibly, only incurable and harmless patients are received. It is a common practice, for instance, to send an individual, who has been suddenly seized with mania, to the poorhouse, for temporary care, with the intention of transmitting him to an asylum, as soon as the necessary arrangements are made. But when once he is placed in the poorhouse, it is not unusual to detain him there, until it be seen what form the

malady will assume. Application is not made for a medical certificate, nor for the Sheriff's license, probably because the case is one in which transmission to an asylum would then in all likelihood be enforced; and the patient accordingly remains in the poorhouse upon the simple order of admission of the inspector of the poor, until he recovers, or becomes so violent that removal can no longer be delayed. Sometimes, however, it becomes necessary to apply for a license, in order forcibly to detain an inmate who attempts to escape. But such cases are few in comparison with the number of quiet and harmless imbeciles habitually detained without license, in poorhouses which have been expressly licensed for their reception.

We found, moreover, that both lunatic and imbecile patients are habitually admitted into poorhouses not ostensibly receiving such inmates, where, of course, they are detained without any license; as examples, we name the workhouses of Dalkeith and Dumfries.*

The condition of the insane in poor-houses, is daily becoming a consideration of greater importance, owing to the rapid increase of special wards for lunatics in connexion with them, and more particularly of such wards as are intended for the reception of both curable and incurable cases. Most of the existing wards have been opened within the last five years, and the erection of several more is at present in contemplation. Thus, the parochial board of the parish of Govan has plans prepared for lunatic wards in connexion with its poorhouse, and only delays proceeding further, until it be seen what measures are likely to be adopted in consequence of this Report. The parochial boards of the Ayr Combination have recently approved of plans for the erection of a poorhouse, in which accommodation is to be provided for fifty insane patients; and the united boards of the Cuninghame Combination have advertised for plans, by which accommodation for twenty patients is to be provided. Since August 1855, the parochial board of St. Cuthbert's has withdrawn a large number of its insane poor from the Edinburgh Asylum; and, having applied

* Since our visit, licenses have been obtained for the patients in Dumfries poorhouse.

Condition of Establishments. — Poorhouses. — Introductory Remarks.

for and obtained the Sheriff's license, now purposes receiving both recent and chronic cases for treatment in the workhouse. As will presently appear, motives of mistaken economy constitute the principal cause of this movement.

As poorhouses are erected for the accommodation of paupers of only one populous parish, or of a few contiguous smaller parishes, the lunatic wards attached to them are generally of limited extent. In only two of the poorhouses is there a resident medical man; and accordingly, in them only, the number of patients may legally exceed a hundred. These are the Glasgow City parish, and the Barony parish poorhouses.

The treatment of the insane, is a question which should not be considered from the sole point of view of economy. It must be tested by the standards of humanity and medical science; and, from the results thus obtained, we are called on to determine whether the insane in poorhouses receive the treatment which is best calculated to alleviate their heavy affliction, and restore them to health. On these principles we proceed to examine it.

Locality.

Locality.

The situation of the poorhouses is principally determined by the convenience of the parishes. The older houses, such as those of Edinburgh City, St. Cuthbert's, and Paisley Burgh, are placed within the towns, and are surrounded by buildings, which prevent the acquisition of additional ground. The newer houses generally occupy pleasant sites in the suburbs of towns, but the extent of land attached to them is generally much too limited.

Construction and Accommodation.

Construction and Accommodation.

The nature of the accommodation varies in the different poorhouses, according to the class of patients received. In those houses where only fatuous, and quiet incurable cases are admitted, the accommodation for the insane is nearly the same as that for the sane paupers. It consists, in general, of large dormitories, barely fur-

nished, and of day-rooms equally bare. The insane paupers are occasionally kept apart from the sane, but, in general, they are more or less associated together. We shall direct our attention more particularly to the accommodation provided in those poorhouses which are used as substitutes for asylums. In these, the lunatic wards are generally small and ill-contrived, and do not permit a proper classification of the patients. In the Appendix, every house is separately noticed, so that it is only necessary here to touch upon general features, and more especially to consider the nature of the accommodation in reference to the interests of the ratepayers, and the welfare of the patients. But, first, it may be well to point out the difference existing between an ordinary pauper, and one who is labouring under insanity. In the case of the former, it may be right to make the poorhouse as little attractive as possible, and to hold out no inducement of comfort and better food, to swell the number of those claiming admission; but in the case of the insane, no such reasons exist for supplying them with merely the barest necessaries, and depriving them of everything that may tend to alleviate their heavy lot. The question is no longer—What is the lowest rate at which pauper patients can be maintained?—but, What are the best means of restoring them to sanity?

Condition of Establishments.

Poorhouses.

Accommodation.

We have no hesitation in saying that in providing accommodation for insane paupers, the parochial authorities have more consulted the interests of the ratepayers than the wellbeing of the patients. Economy is their rule of conduct, and has greatly influenced the nature of the accommodation. In some houses, accordingly, as in the Barony poorhouse, the patients are principally placed in large dormitories, where a proper classification is impossible. In others, they are distributed in rooms, of smaller size, which are placed so closely together, and otherwise so constructed, that the noise of one refractory patient disturbs the tranquillity of a whole ward. This is more particularly the case in the poorhouse of Falkirk, and in that of the Abbey parish, Paisley.

Again, little, if any attention, has been paid to the importance of affording the patients a cheerful prospect. The windows, many of which are besides dark-

Condition of Establishments.

Poorhouses.

Accommodation.

ened with paint, generally look into small airing-courts, which are enclosed by high walls.

The rooms are generally very barely furnished, usually containing only benches without backs, and a table. There are very seldom chairs, or other suitable seats, for sick and feeble patients, who can only rest themselves by lying down in bed. In general, there is no separate sick-room or infirmary.

Medical Attendance.

Medical Attendance.

In two poorhouses, those of the City parish, Glasgow, and of the Barony, there are resident medical officers; the other houses are attended by the parochial surgeons. In general, the same medical officer attends permanently; but in the case of the Burgh parish, Paisley, the parochial surgeons attend the lunatics yearly in rotation, the one in attendance receiving £10 of additional salary. In the case of the poorhouses, as in that of the licensed houses, the medical attendant is too dependent upon those appointing him, to be able satisfactorily to perform his duty towards his patients. He has not sufficient authority over the attendants, who may disregard his orders without any efficient remedy being in his power. He may make complaints or suggestions to the parochial board,—he may point out evils under which his patients are suffering; but he cannot act without the sanction of the board, and he may feel, that if he prove over zealous in recommendations which involve expense, instead of amending the condition of the patients, he will only bring about his own dismissal.

Cost of Patients.

Cost of Patients.

There is little doubt that the motive for placing and retaining the insane poor in workhouses, instead of in asylums, is principally one of economy. It is extremely difficult to determine their actual cost in the former, as no separate accounts are kept for sane and insane paupers; but the general fact is sufficiently apparent, that it falls considerably below the rates charged in the chartered asylums. Several of the poorhouses receive insane patients as "boarders" from parishes which have

Condition of Establishments.

Poorhouses.

Cost of Patients.

not contributed to the erection of the poorhouse, and it is very evident that the charge made for them will not be below their actual cost. This charge is on an average about 5s. per week; but, occasionally, as in the Burgh parish and Abbey parish workhouses of Paisley, it is as high as 7s. and 8s. 6d. a week. The actual cost of paupers, including ane and insane, varies considerably in different poorhouses, ranging from about 3s. to 5s. 6d. a week. This difference depends on circumstances peculiar to each house, causing a larger or smaller expenditure for provisions, clothing, rent, and salaries, and may be exemplified by a comparison of the items of expenditure in St. Cuthbert's workhouse, Edinburgh, and the Barony workhouse, Glasgow. In the former, with only fatuous patients, no separate wards, and only pauper attendants, the items of expenditure per week for each inmate, were:—

Provisions, fuel, and clothing,	£0	2	1
Salaries,	0	0	6½
Rent,	0	0	3
Medical attendance,	0	0	1
	£0	2	11½

In the Barony poorhouse, on the other hand, with a more expensive building, all kinds of patients, separate wards, and paid attendants, the different items stood as follows:—

Provisions, fuel, and clothing,	£0	3	6¾
Salaries and Wages,	0	0	9
Rent,	0	1	1
Medical attendance,	0	0	1¼
	£0	5	6

The great difference of cost in these two houses, is doubtless partly caused by the insane in the latter being more troublesome and destructive. Acute and violent cases are naturally much more expensive than others; and hence it is a common policy with parochial boards to remove the quiet patients to their poorhouses, and to leave those who are troublesome and unmanageable in the

Condition of Establishments.

Poorhouses.

Cost of Patients.

chartered asylums. But there is an obvious fallacy in estimating the cost of the insane, generally, by that of selected cases, and as obvious an injustice in leaving only the expensive cases in the chartered asylums, at a rate which is calculated as sufficient on the general average of good and bad. Dr. M'Intosh states that some of the paupers in the Glasgow Asylum cost the institution £2, 2s. a week for attendance, and the destruction they cause; and hence he objected to keeping the troublesome patients belonging to Govan parish, after the removal of those who could be easily managed. It is evident, that if a few expensive cases are put aside, and calculations of the rates of maintenance of the insane are founded on the cost of the remainder, the result will be considerably below the truth.

Appendix M. p. 465.

As the cost of maintenance of sane paupers is considerably below that of the insane, any statement of the average expense of patients in poorhouses, which is founded on the general expenditure of the establishment, must necessarily appear too favourable, in a greater or less degree, according as the proportion of sane paupers is large or small in comparison with the number of insane. And this favourable appearance will be rendered still more deceptive, if, as generally happens, the poorhouse contains a considerable proportion of children.

It will appear, before concluding our account of the condition of the insane in poorhouses, that the advantage of economy to the parish, granting it to exist, is entitled to very little consideration when weighed against the evil consequences to the patients. Indeed, it is by no means improbable, that this argument of economy, in the case of poorhouses receiving all kinds of patients, is entirely delusive; for it is clear that if, by injudicious treatment, the malady, instead of being cured, is rendered incurable, the patient must remain a permanent burden on the community, and thus the apparent saving may, in the end, prove a positive loss.

It is to be regretted that the influences that contribute to prevent mental recovery, have, at the same time, a tendency to promote increased mortality, and in this way to relieve the parish burdens; for the parochial

authorities are thus left without the motives of immediate self-interest to take steps for the proper care and treatment of their insane poor; and, although we do not for a moment suppose that they are consciously influenced by any consideration so unworthy, experience shows, that any remote prospect of benefit through their recovery, does not practically constitute a sufficient inducement for them to do so. This result will be evident when we have taken a brief survey of the various influences that affect the condition of the patients.

Condition of Establishments.

Poorhouses.

Cost of Patients.

Crowding.

Several of the poorhouses, especially those having no separate wards for the insane, we found to be overcrowded. This was particularly the case in the Kirkcaldy Combination poorhouse, and also in St. Cuthbert's workhouse. Of those having separate accommodation, the Glasgow City workhouse, and the female department of the Falkirk poorhouse, were considerably overcrowded; but in the former, additional accommodation was being provided. In the others, the short time that has elapsed since their opening has, as yet, generally precluded any overcrowding.

Crowding.

Ventilation and Warming.

The system of ventilation adopted, varies in different houses. Occasionally, it is dependent simply upon the windows and open fire-places; but, generally, other means are employed. Thus, in some poorhouses there is a direct communication with the open air through the wall, with apertures above the doors for the escape of the foul air into the galleries; in others, an opening between the dormitory and corridor serves both for the admission of fresh, and the escape of foul, air. These are the simplest methods of ventilation; the more complex are associated with warming. In these cases, the heated air is introduced either by the suction of a flue, or is pumped in by a steam-engine. In general, ventilation is tolerably well attended to, but in some of the houses it appears deficient. This is the case in the Barony poorhouse, where it is associated with a warming apparatus; and the system, which acts by suction, was reported by the

Ventilation and Warming.

Condition of Establishments.

Poorhouses.

Ventilation and Warming.

medical officer not to work in a satisfactory manner. When the windows are closed, the patients complain of the closeness and oppression of the air; and when they are open, the action of the apparatus is apt to be deranged, and the current to flow backwards.

In the poorhouses of the West of Scotland, a common system of ventilation and warming consists in pumping in air, which has been heated by contact with the steam-pipes of the engine working the pump. It is said to answer very well, and has this great advantage over systems acting by suction, that the windows can be opened wide without disturbing its action. The chief objection which might be brought against it, seems to be, that any derangement of the engine would at once cut off the supply of warm air, as there are no fire-places. In general, there are open fire-places in the older poorhouses, but those more recently erected are usually altogether dependent for warming upon heated air.

Clothing, Bedding, and Personal Cleanliness.

Clothing.

The clothing has generally appeared to us sufficient in quantity, and it is usually clean.

Bedding.

As a rule, the beds are tolerably comfortable, but there is generally only one sheet, and the blankets are sometimes far from clean. The objectionable practice of placing two patients in one bed, both in the male and female dormitories, prevails in many workhouses. It obtains chiefly in the older houses, and where the patients are mixed with the ordinary inmates. In the houses where recent cases are admitted, this practice seldom occurs.

The bedding for wet patients generally consists either of straw mattresses, or of stretched canvas bottoms. In the Glasgow City poorhouse, loose straw in trough beds is used, and sufficient attention is not paid to cleanliness. The wooden bedsteads, and the stone floors under them, at the time of our visit, were wet with urine.

When straw mattresses are used, the straw is frequently not changed for a considerable time. The sack, also, is often left in an exceedingly filthy state, and proves offensive and unwholesome. In the poorhouse of Dun-

fermline, for instance, we found the bedding in a very foul condition drying in the yard, to be afterwards replaced on the bed, without any change of straw, or sack. The same practice is pursued at Jedburgh, where, moreover, a patient, of very dirty habits, was placed to sleep in a dormitory of moderate size, along with clean and healthy paupers.

Many of the poorhouses in the western districts appear to have taken the accommodation provided for wet patients in the Glasgow Asylum as their model, and use iron bedsteads, having stretched canvas bottoms, placed over troughs sunk in the floor.

The whole of these, and other similar arrangements, are very objectionable, as greatly tending to lower the moral and physical tone of the patients, and, by contaminating the atmosphere, thus to affect the health of the patients, and of the other inmates. As has been shown, their use is not confined to workhouses, but they prevail to a very considerable extent, both in the chartered asylums, and in licensed houses, in some of which preparations were making to increase this species of bedding. Systematic contrivances of this nature, plainly indicate a conviction that inattention to the calls of nature constitutes a necessary accompaniment of insanity; and their tendency is to confirm the evil, and prevent the adoption of any means to cure the faulty habits of the patients.

Where these arrangements are made, the patients are not provided with ordinary chamber utensils, or other conveniences, and therefore any improvement in their habits is rendered impossible.

Besides the very injurious effect which contrivances of this nature have upon the patients, a very large outlay is incurred in the construction of the bedsteads and drains, and in the formation of the washing-houses and drying-stoves, which the amount of dirty bedding renders necessary.

Moreover, there is a large consumption of fuel, and great wear and tear of the articles, and much time is consumed in removing and washing the bedding.

In the Barony poorhouse, the medical officer strongly objected to the canvas bottoms, as affording the patients

Condition of Establishments. Poorhouses.

a very insufficient protection against cold. They lie immediately upon the canvas, with the intervention only of an old blanket or sheet. He had, he said, repeatedly remonstrated against the practice, but in vain, although he pointed out that his patients had greatly suffered from cold and rheumatism.

Personal Cleanliness.

With regard to personal cleanliness, the patients seem tolerably attended to. They are, in general, bathed on entering the house, and receive warm baths from time to time; but occasionally, the supply of baths, as at the Barony poorhouse, is very inadequate. The lavatories are, in general, sufficient. Suitable means are generally provided for the relief of the calls of nature, but occasionally, as at Dunfermline, tubs are used in the dormitories.

Diet.

Diet.

The diet of the patients does not necessarily differ from that of the ordinary paupers, and is regulated by the tables of the Board of Supervision; but the medical officer is generally authorized by the parochial board to grant additional diet whenever he considers it necessary. Accordingly, in several houses, the insane receive a fuller diet than the ordinary paupers, the additional food generally consisting of oat-meal or bread, and sometimes of meat. We have already taken repeated occasion to remark on the importance of a liberal supply of nutritious food in the treatment of insane paupers. Indeed, the mere change from a scanty to an abundant diet appears to be frequently sufficient to restore the patient to health, without the employment of any special means of treatment, and therefore, it would be much more satisfactory if a special diet table were issued either by the Board of Supervision, or by the Sheriff and medical inspector, for the insane and fatuous inmates of the poorhouses. The question is of too much moment to be left to the decision of parochial boards, who are frequently not aware of its importance, and whose interests lie in keeping down expenditure.

Where day-rooms are provided, the patients take their meals in them, and sit at table, their food being served in tin dishes. Where the dormitories are used

during the day as sitting-rooms, there are rarely sufficient tables or chairs, and consequently the patients sit on their beds, and at meals hold their plates on their laps. Condition of Establishments. — Poorhouses.

Restraint and Seclusion.

As a general rule, the attendants are not in sufficient number to ensure the proper treatment of the patients, and the consequence is, that personal restraint is habitually had recourse to in almost all the houses. The strait-waistcoat and leather muffs are generally left in the keeping of the attendants, to be applied at their discretion. The Burgh parish poorhouse, Paisley, is the only house in which we did not find instrumental restraint in use. A practice prevails in some workhouses, as in a few of the licensed asylums, of fastening the hands behind the back, by which much unnecessary pain is inflicted on the patient. Restraint.

In all the houses there are rooms for the seclusion of noisy cases, but they are frequently so close to those occupied by the quiet patients, that one refractory case disturbs the tranquillity of the whole ward. This occurs especially in the Falkirk, Greenock, and Abbey parish poorhouses. In the Barony poorhouse, the seclusion rooms are constructed with only a very narrow slit to admit light and fresh air, and are consequently exceedingly close, dark, and offensive. The patients in seclusion generally lie on a mattress on the floor, or on loose straw covered by a sheet. Seclusion.

Exercise.

The evils of construction, already adverted to, are further increased by the small size of the airing-courts. There is usually only one for each sex, which is generally extremely small, and is shut in by high walls, which effectually prevent any view being obtained of the surrounding country. At Falkirk, the courts are each about 20 yards long, and 10 yards broad, and are surrounded by walls 18 feet high. At the Burgh poorhouse, Paisley, the airing-court for men measures about Exercise.

Condition of Establishments.

Poorhouses.

Exercise.

25 yards by 14, and that for women about 16 yards by 12. The walls are 15 feet high. At Greenock, both courts are about 30 yards long by 20 broad, and are surrounded by high walls. At Stranraer, the courts measure only 12 yards by 8, and are enclosed by walls 10 feet high. Until lately, they were only 8 yards long, but they were enlarged on the representations of the Sheriff. At the Abbey parish poorhouse, Paisley, the courts measure about a quarter of an acre each, and are surrounded by walls 15 feet high; but, from being placed on a slope, they command a limited view of the neighbouring country.

These examples will suffice to show that the means of exercise provided for the patients are of the most inadequate description, being much inferior even to those of the licensed houses. As many of the poorhouses possess no land, except the site of the house and airing-courts, the patients in them have no opportunities of going into more extensive grounds. Occasionally, we were told, they are taken to walk in the country, but this can be but seldom, and can never prove an efficient substitute for cheerful grounds and larger airing-courts to which they might at all times resort.

Occupations and Amusements.

Occupations.

Only two houses possess land sufficient to afford occupation to the patients, namely, the Barony parish poorhouse, which has about 30 acres, and the Abbey parish poorhouse, which has 18 acres. In some of the other houses, such as the Burgh parish poorhouse, several of the patients are employed in weaving; but, in general, there is an almost total want of the means of occupation.

Amusements.

In general, no means of amusement are within reach of the patients. Occasionally, there may be draught-boards; and, perhaps, a few books, principally bibles, are supplied. But, as a general rule, nothing whatever is done to afford the patients either amusement or occupation. There are no bowling-greens, nor any means of out-door recreation. Indeed, the limited extent of the ground belonging to the poorhouses, would not permit

these being supplied, even supposing there was a wish to provide them.

Condition of Establishments.

Poorhouses.

Religious Services.

Religious Services.

There is no uniform provision made in the poorhouses for religious service, which thus varies in the different houses according to the views of the parochial board and of the house-governor. Sometimes there are individuals regularly appointed to officiate as chaplains, but frequently they are not licentiates of any church, but laymen, who probably act also as schoolmasters. In other houses, the governor reads prayers daily, and trusts to getting some chance clergyman to officiate on Sundays. The provision thus made is for the ordinary paupers. The insane poor occasionally attend the daily prayers, and some are present at service on Sundays; but there are some houses, such as that of the Abbey parish, Paisley, in which no clergyman ever visits the insane wards, and in which the patients never attend any religious service. At Falkirk, also, they have no religious exercises, except when the governor reads prayers, which he does, perhaps, every second Sunday.

In the Barony poorhouse, a considerable number of the patients are Roman Catholics, but an obstacle exists to their receiving any religious consolation, in the refusal of the priest to allow any of the attendants, who are all Protestants, to be present with the patients during his ministrations.

Attendants.

Attendants.

In the houses in which only fatuous and incurable cases are received, the attendants on the insane poor are ordinary paupers, who occasionally receive some trifling gratuity as remuneration. Thus, in St. Cuthbert's, South Leith, Dunfermline, and Kirkcaldy poorhouses, we found no paid attendants for the patients. In those houses having separate wards, and in which recent cases are received, there is generally one male and one female paid attendant, who are assisted by paupers. In the larger houses, there is a greater num-

Condition of Establishments. — Poorhouses. — Attendants.

ber of paid attendants. Thus, in the Barony poorhouse, containing 47 males, and 68 females, there are three male and three female paid attendants, whose united wages amount to £135, 16s. a year, equivalent to £1, 3s. 7d. for each patient, a sum greatly below the corresponding outlay in the chartered asylums.

Statutory Records, and Official Inspections.

Records.

In some of the houses the statutory records are very perfectly kept, but in others there are no registers whatever specially relating to the insane.

Inspection.

None of the houses which receive patients without license, are officially visited by the Sheriff and medical inspectors. The patients there are under the sole charge of the Poor-law authorities; or, more strictly speaking, of the parochial boards; for the Board of Supervision seem rarely to make any direct inspection of their condition.

In the poorhouses with licensed wards, the responsibility of the treatment of the insane belongs exclusively to the Sheriff; the Board of Supervision not seeming to interfere with their management, any more than with that of the insane paupers in the chartered asylums, or licensed houses. In general, the Sheriff visits the insane wards of the poorhouses twice a year, in accordance with the statutes; but, occasionally, as in the Aberdeen poorhouses, there is no record kept of these inspections. In Lanarkshire, Stirlingshire, and Renfrewshire, his visits have been regular, and a record of them is made in books kept for the purpose, where he also enters any suggestion he may have to make. Sometimes, on the other hand, no regular system of visiting by the Sheriff has ever been established, as is the case in the poorhouses of Dunfermline and Kinghorn.

Results of Treatment.

Results of Treatment.

In the cases of most of the poorhouses, it is impossible to give an authentic statement of the results of treatment. This arises from various causes. In the first place, those houses which receive all kinds of cases, have for the

Condition of Establishments.

Poorhouses.

Results of Treatment.

most part, been so recently opened, that no conclusions can be safely drawn from their experience; secondly, the houses which have been longest in the habit of receiving insane cases, have generally retained only the quiet and manageable patients, sending those that were troublesome or refractory to the chartered asylums or licensed houses; thirdly, the returns are occasionally so obviously incorrect, that no faith whatever can be placed in them. To prove this, we need only cite those received from St. Cuthberts, which show a proportion of recoveries on the admissions of 62.98, per cent. in patients professedly fatuous and incurable. The only poorhouses which, from the number of patients, and the periods during which they have been open, might be supposed capable of affording any useful statistical details, are those of Glasgow City parish, and of the Barony parish; but the returns of the former house are vitiated by the fact, that the greater proportion of the insane of the parish is in the Royal Asylum, leaving chiefly chronic and incurable cases in the poorhouse. The Barony poorhouse is thus the only one from which it would be safe to draw any conclusions as to the results of treatment, as it receives all the cases occurring in the parish, which are in sufficient numbers to allow of some general deductions. The class of patients admitted into this house may be considered as nearly resembling, in physical constitution and character of malady, the insane poor received into the Royal Asylum of Glasgow. If any difference exist, it is probably in favour of the poorhouse, as all its patients are brought from the immediate vicinity of the house, and are placed under treatment without the delays and difficulties which accompany transmission from a distance. But, on comparing the rate of mortality of the Royal Asylum with that of the poorhouse, we find, that while the former gives 9.53 per cent. of deaths, on the average number of pauper lunatics resident during a period of five years, that of the poorhouse, on an average of four years, yields three times that proportion, or 28.10 per cent. This difference is so great, that it becomes extremely important to examine more minutely into the statistics of the poorhouse. In doing so, we must remember that the cases

Condition of Establishments.

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Results of Treatment.

at first admitted were mostly transferred from Gartnavel, and, accordingly, represented the population of an old established asylum.

The Barony poorhouse was opened for the reception of insane patients in the autumn of 1850, and in three months 142 patients were received, chiefly from Gartnavel.

Our analysis of the returns furnished us, will be confined to the four years,—1851, 1852, 1853, and 1854. The results appear in the following Table :—*

YEARS.	Average numbers resident.		Number of deaths.		Proportion of deaths per cent. on numbers resident.		Average Age at death.		Average period of residence before death.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
									Days.	Days.
1851,.....	56	68	11	15	19.64	22.05	45	43	298	162
1852,.....	47	58	23	25	48.93	43.10	41	43	483	394
1853,.....	45	56	15	15	33.33	26.78	39	41	475	639
1854,.....	49	67	13	11	26.53	16.42	39	28	162	545

* This Table was drawn up from materials furnished us by the governor of the poorhouse. Its results slightly differ from those of the Table, Appendix F., No. 20, sent us at a later period by the parochial authorities ; but the difference is too small materially to affect our conclusions.

The broad features presented by this table, are, first, the high rate of mortality ; and, secondly, the early age at death. The mortality, high throughout, is in 1852 quite appalling, amounting, among the males, to nearly one half of the numbers resident. From the evidence before us, there are grounds for believing, that this excessive mortality arose from the escape of the contents of the sewers into the well, whereby the water consumed in the house was poisoned. There is, however, some doubt on the subject. Dr. Ford states that he could never get at the cause of it, but he seems inclined to ascribe it to fever from overcrowding, as the high mortality extended to the whole house. Sir A. Alison, on the other hand, says that the mortality arose from dysentery or bowel complaint, and he is of opinion that the cause lay in the water. But be this as it may, no impurity in the water at present exists, to account for the continuance of a mortality considerably more than

Appendix M., p. 494.

Appendix M., p. 377.

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double that of the Royal Asylum. In connexion with this fact, it is worthy of remark, that the average age at death in the poorhouse has been gradually decreasing since it was opened, falling from 45 years for males, and 43 years for females, in 1851, to 39 years for males, and 28 years for females, in 1854.

So far as our visits to the house, and the evidence before us enable us to judge, the patients are sufficiently clothed, but we had some reason to think that, until recently, the diet was rather scanty. The ventilation of the house, too, is imperfect, and there is decidedly an insufficient number of attendants for the economy of a curative establishment. The custody of the patients takes precedence of their treatment; but even the former duty is so inefficiently performed that two cases of suicide occurred within three years. Further, the construction of the house does not admit of proper classification; no attendants sleep in the dormitories, which are never visited throughout the night by the surgeon or attendants, unless in cases of severe illness; and, as already stated, the bedding for the patients of dirty habits is insufficient. Besides, the attendants are too independent of the medical officer, who has no means of enforcing his commands; and the medical officer, in his turn, is too dependent upon the parochial board, to be able satisfactorily to carry out his views in regard to treatment. No very glaring abuse strikes the casual visitor; the house appears clean and orderly, but the results we have given are sufficient to show, that the insane poor, when under the direct management of parochial boards, do not receive that kind of care and attention which is necessary for their wellbeing. Accordingly, we regard the present movement of attaching insane wards to poorhouses, as one that ought to meet with every discouragement. It tends not only to check progress, but to produce positive retrogression in the treatment of the insane.

The following table gives the general results of treatment in several poorhouses, including the Elgin Asylum, as deduced from the returns with which we have been furnished; but, as already observed, no great value can be attached to those from the poorhouses:—

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Results of Treatment.

TABLE showing the average number of insane poor resident in the undermentioned poorhouses, during the five years, 1850, 1851, 1852, 1853, and 1854; the average annual admissions, recoveries, removals, and deaths; the proportion of recoveries per cent. on the admissions; and the proportion of deaths per cent. on numbers resident:—

NAME OF HOUSE.	Average Numbers Resident during whole Period.	Average Annual Admissions.	Average Annual Recoveries.	Average Annual Discharges and Removals.	Average Annual Deaths.	Proportion of Recoveries per cent. on the Admissions.	Proportion of Deaths per cent. on Numbers Resident.
Elgin Asylum, ...	33.76	12.60	5.60	2.00	3.00	44.44	8.88
Barony Poorhouse,*	111.33	91.25	50.75	7.00	31.25	55.61	28.06
Town's Hospital, Glasgow,...	56.80	14.60	3.60	3.20	5.40	24.65	9.50
Abbey Poorhouse, Paisley,†	54.86	36.33	16.33	9.00	7.00	44.94	12.76
Burgh Poorhouse, Paisley,†	24.19	21.66	12.33	9.00	3.33	56.92	13.76
St. Cuthbert's, ...	53.60	30.80	19.40	0.00	7.00	62.98	13.05
General Result, ...	334.54	207.24	108.01	30.20	56.98	52.11	17.03
			195.19				

* Average of four years.

† Average of three years. A few private patients are included. The returns in Appendix F. embrace only paupers.

There is reason for believing that the high proportion of recoveries in the Barony poorhouse depends in a considerable degree on a number of the cases admitted being due to immoderate drinking, which speedily recover when the cause of the malady is withheld. In poorhouses, generally, many cases are sent in, labouring under temporary excitement, from quarrels at home, which speedily subsides with the removal of the cause; and it is not unlikely that the recoveries in the Barony poorhouse may be also attributable to the admission of such patients. The same remarks are probably applicable to the Burgh poorhouse, Paisley, and St. Cuthbert's; though, in the case of the latter house, the statement that only incurable patients are avowedly admitted, makes a return of 63 per cent. of recoveries perfectly irreconcileable. The only point on which reliance can be placed, seems to be, that in poorhouses the mortality of insane

patients considerably exceeds that which takes place in chartered asylums and licensed houses. Condition of Establishments.

The Elgin Asylum occupies a place intermediate between the chartered asylums and poorhouses, and calls for no special remarks, a detailed account of it being given in the Appendix. Poorhouses.

HOUSES REPORTED TO THE SHERIFF.

The intention of the Legislature in making provision for reporting, to the Sheriff, houses in which only one insane patient, not a relative, is received, seems to have been to combine privacy with official supervision. From the general wording of the Statute, more than from any special provision to that effect, it is evident, that reported houses were intended principally for the reception of patients belonging to the upper classes of society; but from various causes, the chief of which has been laxity in enforcing its enactments, the reporting to the Sheriff of individual patients, placed, according to the legal forms, in the exclusive care of strangers, is rarely carried into effect. Single Patients.

From the returns furnished by the Sheriffs of the various counties, we find that, in 1855, only 41 patients so placed were reported in terms of the Act; of whom 10 were private patients, and the remaining 31 paupers. Of these ten, four were under license in houses limited to the reception of one patient, so that in reality only six private cases were reported under the provisions of the Statute.

Since the passing of the Poor-law Act in 1845, great numbers of the insane poor have been placed in the care of strangers, who, although their charges are paupers, are nowise exempted from the provisions of the lunacy acts, which require that a license from the Sheriff shall be taken out in every case where more than one lunatic is received, or that the patient shall be reported where there is only one. In reference to this latter enactment, the law has been almost totally disregarded. Pauper.

Of the large number of insane who are resident with private individuals, whether relatives or strangers, the

Condition of Establishments.

Houses Reported to the Sheriff.

Single Patients.

Sheriff takes no cognizance whatever, except in those comparatively few cases, which are specially reported to him. With the insane poor, it depends altogether upon the inspectors, whether or not a report is made. A very few conceive it to be their duty, when the paupers are placed with strangers, to make such reports; but the proportionally small number of cases in which this is done, stands strongly out, on comparing the 31 reported pauper cases with the total number of insane poor, returned by the Board of Supervision as living with strangers; and still more strongly, if we adopt the numbers returned by the constables. In the former case, the total number is 333, and, in the latter, 640, so that the proportion of cases reported, is respectively as 1 to 11, and as 1 to 21. According to the strict interpretation of the eighth clause of 9th Geo. IV. cap. 34, the whole of these cases ought to have been reported to the Sheriff, and the omission to do so, has caused the entire care of such patients virtually to devolve upon the Board of Supervision.

To those paupers who have been reported, no particular advantage, however, accrues. Two medical men certify annually to the Sheriff that the patient is insane; but, as this functionary rarely, if ever, visits, the report usually becomes a mere matter of form. Indeed, it is occasionally made by the inspector without even the accompaniment of a medical certificate. Accordingly, the condition of reported paupers does not materially differ from that of those who are not reported; and we shall, therefore, defer consideration of the manner in which they are cared for, till we enter upon the examination of the condition of pauper lunatics generally, resident with relatives or strangers.

Private.

The reporting of private patients to the Sheriff has, as we have seen, nearly lapsed into desuetude. As matters are conducted, this is not much to be regretted, seeing that the provisions for the protection of the patient are virtually limited to the annual medical report, which is transmitted to the Sheriff, mainly in those cases which are best looked after.

It is doubtful whether the Statutes give the Sheriff

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Houses Reported to the Sheriff.

the power, in all cases, to visit and inspect reported houses. However this may be, as visitation is not rendered imperative upon him, the Statutes are practically interpreted in the negative, and, in general, no visits are made to this class of patients.

Single Patients.

It may possibly be from considerations of this kind, combined with a different reading of the Acts from that usually adopted, that Sheriffs occasionally license houses for the reception of single cases, apparently with the view of retaining privacy for the patients, without themselves losing the power of visitation. We have met with this practice in Buteshire and Forfarshire.

The Statute enacts, that when a patient in a reported house shall die or be removed, notice thereof shall forthwith be given to the Sheriff; but in no single instance have we found this enactment carried into effect, nor, when a house ceases to be reported, that any inquiry is made by the Sheriff as to the cause.

We visited three of the ten private cases reported to the Sheriff, and found the patients, in all respects, properly treated. A fourth case, concerning whom we made inquiries, had been removed with the parties in charge, and no intimation having been given to the Sheriff of a new address, we failed in tracing the patient.

We likewise visited one of the houses in Forfarshire, licensed for single patients, and found it exceedingly comfortable, and the patient well attended to.

PRISONS.

Two classes of the insane are sent to prisons, namely, dangerous lunatics, and criminal lunatics; the first, as a temporary measure of precaution; the second, for permanent detention.

Dangerous Lunatics.

Dangerous Lunatics.

A dangerous lunatic, technically so called, is one who, being at large, and in a state threatening danger to the lieges, is committed to a place of safe custody, generally the county prison, at the instance of the Procurator-

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Dangerous Lunatics.

Fiscal. The patient remains in confinement until his condition is investigated by the Sheriff; and, if found insane, until arrangements are made for his removal to an asylum. The time required for these proceedings varies considerably. In general, it may be about a fortnight; but, in remote counties, where there is a difficulty of communication, it occasionally extends to two months, or even longer. During this period, the patient is usually kept in one of the ordinary prison cells, is subject to no medical or moral treatment, and, as a general rule, leaves the prison considerably worse than when he entered it. If violent, he is kept constantly bound, and, in that case, is seldom, if ever, taken to the court for exercise.

Such treatment is not confined to pauper patients, but is extended to every one who is committed at the instance of the Procurator-Fiscal. Thus, in the month of June 1855, a farmer in Perthshire was arrested by sheriff-officers, and conveyed, bound hand and foot, to the county prison at Perth, where he was detained a month, before being transferred to the Asylum of Dundee. Cases of this kind, however, rarely occur, as the friends of the patient generally take steps to place him under treatment before any necessity arises for interference by the Procurator-Fiscal; but, in this instance, it so happened, that the relatives laboured under delusions similar to those of the patient.

In those counties where there are no asylums, the authorities have no alternative but to send dangerous lunatics to prison, as the only place of safe custody at their command; but it seems strange that, at Perth, where there is a Royal Asylum, the prison should continue to be used for their interim reception. At Edinburgh, dangerous lunatics, owing, apparently, to a special agreement with the managers, are, at once, sent to the Royal Asylum, and never to prison. At Inverness, they are generally placed in the cells of the infirmary; but their treatment in this institution is certainly not better than that accorded to them in jails. In one essential respect, it is decidedly worse, for the patients, being more removed from the cognizance of the Sheriff, are usually detained for longer periods before being sent to asylums. During the course of our inquiry, we visited

several of the local prisons, and we give the following notes, as the best way of showing the manner in which dangerous lunatics are there treated :—

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Dangerous Lunatics.

Tain Jail, Sept. 17, 1855.—J. M'L., aged 16, was admitted on 19th May 1855, examined on 1st June, and sent to Montrose Asylum on 28th June. This patient and another, are the only cases admitted during the last 10 years, and J. M'L. is the only one sent to an asylum. The other case was 14 days in jail, and was then liberated on security. There is a strait-waistcoat in the prison, and, if necessary, an unruly patient would be strapped down. The cell for lunatics is one of the ordinary prison cells.

Dornoch Jail, Sept. 18, 1855.—B. M'K. admitted Sept. 14, 1854, and removed to Musselburgh, Oct. 12. L. R. admitted Sept. 23; removed to Morayshire, Oct. 2, and handed over to inspector of New Spynie. Lunatics are generally detained three or four weeks. The governor thinks they generally get worse under his care; he knows nothing of their treatment, and thinks if B. M'K. had been properly treated at first, she might have recovered. She was religiously insane and very mischievous. She broke the gas bracket, and all the window; tore her clothes, and threw everything about. Was chained and strapped. A common prison cell is fitted up for patients. The bed and stool are fixed to the floor, and a chain is used to prevent the patient, if violent, reaching the door or window. The governor laments his inability to treat them differently.

Dingwall Jail, Sept. 28, 1855.—Lunatics admitted are treated precisely as criminals. If obstreperous they are bound. A Dr. W. was admitted about seven years ago. He was a practitioner at C., and was on a visit to his father at S., where he was suddenly seized with insanity. He was detained some weeks in jail before measures were taken for sending him to a southern asylum. This is the only case admitted belonging to the middle classes. The cells are the ordinary prison cells.

Inverness Jail, Sept. 29, 1855.—About three insane prisoners have been received during the last 10 years. The last was 18 months ago. He had escaped from

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Dangerous Lunatics.

Montrose. As a general rule, dangerous lunatics are committed to the wards of the infirmary, and are only very rarely sent to the prison.

Aberdeen Jail, Oct. 10, 1855.—A number of patients are lodged for a night in jail on their way to an asylum. It very seldom happens that any county lunatic passes through the jail; they are sent immediately to the asylum.

Forfar Jail, Oct. 12.—Insane prisoners are generally kept a night or two, but sometimes a week or longer. There are no conveniences for treating them.

Perth Jail, Oct. 15, 1855.—Lunatics are brought from all parts of Perthshire to the jail. This treatment is harder upon the patients of the better classes than upon paupers. A farmer of Sir D. D. was brought, bound hand and foot, and laid down in the court of the jail. He was much hurt by the ropes with which he had been bound, and always complained of the way in which he had been used. He was above three weeks in jail. The lunatics are frequently kept several weeks in prison before evidence is taken, and before they are removed. The governor says there are no proper means for treating them, and he feels very deeply for the sufferings of the patients. The number sent is not so great as formerly; perhaps only two last year.

Stranraer Jail, 9th March 1856.—The lunatics are kept as ordinary criminals, and are generally detained from three to six weeks.

Dumfries Jail, 11*th March* 1856.—Five cases were admitted in 1855. The patients are generally detained only one or two days. They are sent in by the Sheriff, at the instance of the Procurator-Fiscal; but notice of their committal is given to the inspector of poor, who generally removes them, and the process is stopped. If the inspector does not remove them, they are detained for several weeks.

We had no opportunity of actually seeing lunatic prisoners in any of the local prisons, and cannot, therefore, speak from our own knowledge as to the manner in which they are kept; but we have every reason to think that, although they generally meet with all the attention which circumstances allow, they are

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Dangerous Lunatics.

occasionally very roughly treated. As an example, may be mentioned the case of a woman who was brought from Orkney, to the Edinburgh Asylum in March 1856, in charge of a sheriff-officer; and who, on her arrival, was found to be in a state of great exhaustion, having about six ribs broken on each side of the sternum. According to the patient's declaration to the Procurator-Fiscal of Edinburgh, the injuries were caused by the attendant in the jail at Kirkwall putting his foot on her breast to enable him to secure her with straps or ropes. It was said that she had then been very violent and destructive.

The number of lunatics received in any individual jail is small; and, to the casual visitor, it might thus appear that no great evil results from sending such persons to prisons; but, when it is remembered, that there are 69 jails in Scotland, it will be seen that a single lunatic in each would make up a large number of improperly treated cases.

It appears from the returns furnished by the General Prison Board, that, in the five years ending 30th June 1856, the number of dangerous lunatics that passed through the prisons of Scotland amounted to 253, or about 50 a year. Above 200 of this number were sent to lunatic asylums, but, during the process of removal, the fact that they were so-called dangerous lunatics is frequently lost sight of. Thus, during the above five years, 83 lunatics removed from prisons, were sent to asylums and poorhouses in Midlothian, of whom, perhaps, 70 were dangerous lunatics, and the remainder criminal lunatics, whose sentences had expired. We are unable to specify the numbers more precisely, as the returns we have obtained from governors of prisons do not always distinguish between criminal and dangerous lunatics. But of these 83 lunatics, only about 10 seem to have been placed in asylums, at the instance of the Procurator-Fiscal of the county, and all the others to have been admitted as ordinary patients, some into the Royal Asylum, and others into the Musselburgh houses. They had been brought from prisons in every part of the country, by criminal officers and inspectors of poor; to whom the necessary warrants for their confinement were granted, on simple application to the Sheriff, without

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reference to their former history, or any circumstance, beyond the fact, that they were lunatic. They thus became merged in the mass of ordinary lunatics.

Criminal Lunatics.

Criminal Lunatics.

Accommodation for criminal lunatics is provided in the insane wards of the General Prison at Perth. Previous to the year 1846, they were generally placed in the chartered asylums, and principally in that of Dundee; but, in that year, measures were taken for transferring them to Perth, where they are now all placed, with the exception of one, who, from some cause we have not ascertained, has been left in the Edinburgh Asylum.

The total number of the criminal insane in the lunatic wards of Perth prison, on 31st October 1855, was 28; namely, 22 males, and 6 females. Of these, 14 were found insane in bar of trial; 10 were found, on trial, to have been insane at date of offence, and 4 were convicts who had become insane in prison. It is fortunate that no greater number of patients are sent to the wards of the Perth prison, as it appears, from the account we have given of them in the Appendix, taken in connexion with Dr. Malcom's evidence, that they do not afford the means for the proper treatment of insanity.

There is no doubt that a so-called criminal lunatic is as much entitled to be considered in his treatment as any other insane person. For what constitutes a criminal lunatic in the eye of the law, does not so much depend on the nature of the malady of the patient, or of the acts committed by him, as on the legal steps taken in connexion with the case. Accordingly, there are, both in chartered asylums and licensed houses, many insane patients who have committed acts, more criminal in appearance, and more offensive in reality, than those perpetrated by many of the lunatics in confinement in Perth prison. In support of this assertion, we may cite the case of Charles Begg, who killed a fellow-patient, in a licensed house in Musselburgh; and who, after examination by the Sheriff, was sent by him to another licensed house, in the same town, on the Edinburgh Asylum refusing to keep him. There can be no doubt,

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that the asylum of Lilybank, to which he was removed, is, owing to the small number of attendants, the imperfect means of classification, and the general defective management of the house, not well adapted for ensuring the attention and treatment such cases require. The Procurator-Fiscal has no power to insist on admission into an ayslum; and hence, when the authorities of the Edinburgh Asylum refused to keep this patient, he seems to have had no alternative but to place him with any one willing to receive him.* We are, however, unable to see any real distinction between the character of this case and that of several of those sent to Perth. The legal measures adopted in regard to them constitute the only difference. This is again seen in the following case mentioned in Dr. Skae's evidence. A very dangerous patient had made repeated attempts to kill the medical officers and attendants. After a very serious attack of this kind, Dr. Skae charged him with a criminal assault before the Sheriff, and he was removed to jail; but the Crown Counsel refused to bring the case to trial, and the patient was sent back to the Asylum.

Appendix M. p. 430.

In the treatment of the criminal lunatics at Perth, a sufficient distinction is not made between disease and crime. An individual who, in a state of insanity, commits an offence, and who, by the verdict of the jury, is acquitted of the guilt of crime, is, nevertheless, there treated as a criminal, in so far, that he is kept in confinement, not as a patient, but as a prisoner; and is, in accordance with this distinction, deprived of those means of treatment which might have conduced to his recovery —or, if this were impossible, have alleviated his condition.

In the lunatic wards of the prison, there are no proper means of classification; and all the patients, of whatever condition in life, must associate together. There are two airing-courts for the males, and one for the females, all of very moderate size; but, apart from them, there is an almost total want of the means of occupation and amusement. There may be sound reason in not allowing a criminal prisoner to better his condition by the expendi-

* Charles Begg died of dysentery in February 1856. The room he occupied at Lilybank is that described as a closet, with the glass of half the window removed, and replaced with perforated zinc plates.

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ture of his private means; but it seems unnecessarily harsh to place an insane patient in circumstances where he is deprived of comforts, with which his friends are willing to provide him, and which would be supplied in an ordinary asylum. Viewed in this light, the placing of criminal lunatics, whose means are sufficient to pay the rates of the chartered asylums, in the cells of the lunatic wards of the Perth prison, is virtually punishing the lunatic as a criminal, for acts for which he has either not been tried, or for which the jury has declared him not responsible.

Take, for example, the case of G. L. S., who was tried for wilful fire-raising, and found by the jury to have been insane at the date of the offence. His wife petitioned the Court of Justiciary, that her husband might be committed to the Dundee Asylum, as one where the malady, under which he was suffering, would meet with appropriate treatment, and in which her means were sufficient for his comfortable support. The managers of the Asylum declared their willingness to receive him; but the petition was refused, on the ground that the precautions against escape were not sufficient.

We do not presume to impugn the judgment of the Court. If the fact be as alleged, the decision may have been quite proper and necessary for the public protection; but it does not, by any means, follow that it is right to place a patient of this kind in an establishment, conducted and administered as is, at present, the lunatic department of the Perth prison. It may be a question, whether the power of disposal of criminal lunatics is not vested by the Legislature in the General Prison Board, and whether the responsibility, in such a case, does not lie with them, rather than with the Court of Justiciary. No such view, however, was suggested by the Court; and as the question has not been tried, it is not one on which we are called to offer an opinion.

Society has certainly the right to take all necessary precautions against the infliction of injury by an insane patient; but, beyond this, its power should not extend. And, in dealing with criminal lunatics, it should always be remembered that, in the great majority of

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cases, the fault, if any, lies with those who delayed placing the patient under treatment, till he committed an overt act of outrage against the laws, which common forethought, on their part, might have prevented. A criminal lunatic is thus, very frequently, merely an ordinary lunatic at a more advanced stage of the malady. The disease has been permitted to run its course unchecked, till the patient has finally yielded to the abnormal mental stimulus, which he could no longer control.

It is a question, on which various opinions are held, whether so-called criminal lunatics should, or should not, be treated in special asylums. The arguments in favour of the latter view rest principally on the dislike which ordinary patients may naturally be supposed to entertain to associating with individuals who have committed a heinous offence; and, on the more valid reason, that precautions against dangerous patients necessarily involve additional restrictions on the liberty of the other inmates. But whether the question be decided affirmatively or negatively, there can be no doubt, that where special asylums for criminal lunatics are provided, they ought to be conducted upon principles which consider the lunatic as labouring under disease, and not as expiating crime.

On the supposition that separate asylums for criminal lunatics should be provided, we endeavoured to ascertain the number of lunatics in Scotland that might be considered to constitute fit inmates of such institutions. But we found great difficulties in the way. For, as we have remarked, it cannot be conceded that all persons who commit offences while in a state of insanity, should be so accounted; nor can it be admitted that all those who on trial are found to be insane, ought, simply because indicted for an offence, to be placed in criminal asylums.

The subject is thus, in a great degree, narrowed to the consideration of the disposal of persons convicted of crime, who have become insane during the course of their sentence. With regard to them, the question is more circumscribed; for valid objections, undoubtedly, exist against associating such cases with ordinary patients.

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So far, then, as they are concerned, the proper course would seem to be to place them in separate asylums. But, even here, we are at a loss how to determine the number of persons that would require to be so placed.

The number of insane convicts at present in the lunatic wards of the Perth prison is only 28 ; but, to this number ought to added, as belonging to the same category, those lunatic convicts who are sent back to local prisons for the purpose of being liberated at the expiry of their sentence, and who, on liberation, are again immediately arrested and conveyed to asylums. What the number of these may amount to, we have no means of forming an accurate estimate, for the prison authorities on their liberation make no inquiry as to their future disposal, nor do the asylums to which they are conveyed make any investigation into their past history. There is here a complete break, which arrests all further attempts at accurate research. It is, indeed, one of the greatest defects of the present system of treating lunatic convicts, that, at the expiry of their term of imprisonment, they are discharged without any proper provision being made for their future care.

Such persons are mostly paupers, and are consequently generally handed over at the expiry of their sentence to the parochial authorities, by whom they are disposed of as ordinary lunatics ; some being sent to the chartered asylums, and others to licensed houses, or poorhouses. If any doubt exist as to the parish responsible for the maintenance of the lunatic, notice is generally given to the Procurator-Fiscal, who takes such steps as are immediately necessary. And, if no parish can be discovered on which the lunatic has a claim of settlement, the burden of his maintenance falls, as a matter of course, upon the one in which he was arrested on liberation. This procedure occasionally gives rise to litigation, and nowhere more frequently than at Edinburgh. The ground on which the prison there is built, formed originally part of the parish of South Leith; but, on the erection of the prison, it was dissevered from that parish, by Act of Parliament, and annexed to that of Edinburgh. But the street, immediately in front of the prison, is considered still to belong to South Leith, while the parish of Edinburgh

is entered by passing a few yards westwards. The exact limits of the two parishes are very uncertain, and frequent disputes consequently arise as to which of them is liable for the maintenance of the discharged lunatic. The difficulty is caused in this way. When the discharge takes place, two criminal officers, who are in attendance by previous arrangement, accompany the lunatic into the street, and it depends upon the exact spot on which they take him into formal custody, which of the two parishes shall be considered liable. To determine the question, it is generally necessary to cite both parties before the Sheriff, who, after hearing evidence, decides which of the two shall bear the burden. The result has been that within the last two years, two cases have been adjudged to the parish of South Leith, for no other reason than that they were arrested within its bounds; and they remain permanent burdens upon its funds, as it has been found impossible to discover their parish of settlement. Cases of equal hardship occur in reference to Edinburgh parish. Thus, of six lunatic prisoners who have been discharged from Edinburgh jail, since 1st January 1850, four, from having no discoverable settlement in Scotland, have become permanent burdens on the parish. During the course of the same period, three other cases, arrested by the police, remain burdens on the parish, from having no settlement in Scotland.

But, even were we able to trace all the lunatic convicts, who have been removed from the General Prison at Perth to local prisons for liberation, we should still have no accurate record of the number of lunatic convicts; for there remains a class of insane convicts who are not sent to Perth; those, namely, who have been sentenced to imprisonment in local prisons for limited periods. If, during such a period of imprisonment the convict becomes insane, the usual course is to remove him to the General Prison, only if more than three months of his sentence are still to run; but, if a less period remains unexpired, he is then most probably sent to an asylum, or is retained in prison. In cases of removal to asylums, the County Prison Board applies to the General Board of Prisons for the requisite authority. It sometimes happens, however, that when the County Prison Board has received this authority to remove patients to asylums, the latter refuse

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to receive them, and the patient remains in prison till the expiry of the sentence. A case of this kind recently occurred at Haddington. The lunatic, a female, was exceedingly outrageous, and no proper means existing for treating her in prison, application was made to the General Prison Board for leave to remove her to the Edinburgh Royal Asylum; but admission was there refused. She consequently remained in prison until the expiry of her sentence, when she was sent to one of the licensed houses at Musselburgh. But we have met with some cases in which difficulties of this kind are summarily solved. Thus, in two instances, which recently occurred at Glasgow, the remainder of the sentence was remitted by the committing magistrates, in order that the patients might be removed to asylums by the parochial authorities; and, in another case, which also happened in Lanarkshire, the lunatic was removed to a licensed house, under the powers of Sect. 11, 7 and 8 Vict. c. 34, which authorizes the Sheriff to remove any prisoner afflicted with any contagious or infectious disease, or any disease which threatens immediate danger to life, and cannot be treated in prison, to any place or hospital where he may be treated, and his safe custody secured.

The return in Appendix O, shows the number of lunatics reported to the General Board of Prisons, as having been received into prisons, during the five years ending 30th June 1856, to be 303. Of these 205 were sent to asylums as dangerous lunatics; 20 were removed to the General Prison at Perth; 61 were liberated; and 17 remained in local prisons. The number of dangerous lunatics here given, does not, however, comprise all those who belong to this category, for many patients of this class are sent to asylums without passing through prisons at all; those, namely, who are arrested by the police, and who pass directly from the police-office to asylums; and those in whose cases the judicial process is arrested by the intervention of the inspector of the poor.

By the returns obtained directly from the governors of prisons, we find that, in the same five years, 300 lunatics were removed from prisons to the following asylums, in the following proportions:—Aberdeen, 15;

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Dumfries, 27; Dundee, 28; Edinburgh, 57; Glasgow, 71; Montrose, 29; Perth, 10; Elgin, 6; Hillend, 18; Langdale, 6; Musselburgh Houses and Tranent, 27; Poorhouses, 6. There is, however, so great a discrepancy between these numbers and those in the returns of the General Prison Board, that it is vain to attempt to reconcile them. Possibly, the 61 cases stated in the latter as having been liberated, are included in the returns of the governors, among those sent to asylums. The general fact, however, is indisputable, that of these 300 cases, by far the greater proportion is composed of lunatics termed dangerous, and only a comparatively small one of lunatic convicts returned to local prisons for liberation at expiry of the period for which they were sentenced. The returns furnished us are of too imperfect a nature to permit of more precise conclusions.

In recapitulation, then, we may state, that while we consider it might be proper to retain insane convicts in lunatic wards attached to prisons, or to place them in separate criminal asylums, we think that the procedure to be adopted with those who were insane at the commission of the offence, or who have not been tried, and, therefore, are presumed to be innocent, should, to a certain degree, be determined by the special nature of the malady. Theoretically, the most desirable course, and that perhaps most consistent with principle, would be to place them in separate asylums, provided with all proper appliances for their treatment as patients. But the number of such lunatics in Scotland is too small to require the erection of a special asylum for their reception; while, on the other hand, it is too great to warrant the continuance of the present system, which fulfils no purpose beyond that of security. It must, however, be borne in mind that the future number of criminal lunatics will greatly depend upon the manner in which it shall be determined hereafter to dispose of convicts—whether they shall be retained in prisons in this country, or be transported beyond seas. The small proportion of female criminal lunatics in the wards of the General Prison at Perth, is, no doubt, partly owing to the small number of female convicts hitherto retained in Scotland.

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The question, however, is one which cannot be summarily solved, for in insanity, no general rule can be adopted without the risk of incurring danger on the one hand, or committing injustice on the other; and, accordingly, the most rational course would clearly be to decide on the disposal of each case on its own merits. While then admitting that necessity may justify the continued detention of highly dangerous or vicious lunatics in separate criminal wards, we are of opinion that those who have been committed for minor offences, may generally be placed in public asylums, and allowed, at the discretion of the medical superintendent, to associate with the other patients.

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PAUPER LUNATICS RESIDENT WITH RELATIVES OR STRANGERS.

According to the returns of the Board of Supervision, the number of insane paupers not in public establishments, but under the immediate care of the inspectors of the poor, amounts to 1363. It thus became one of the most important points of our inquiry, to ascertain whether these patients were properly treated. Although no provision is made by the Poor-law Act, for removing the insane poor from the general superintendence of the Sheriff, custom is, nevertheless, rapidly placing them under the sole supervision of the authorities appointed under the Poor-law Act. This Act requires that every insane pauper shall, within fourteen days from the time when such person is known to be insane, be conveyed to, and lodged in, an asylum, or establishment legally authorized to receive lunatic patients; and it directs the inspectors of the poor to report without delay to the Board of Supervision, all cases of insanity chargeable in their respective parishes. But an important proviso follows, by which the Board is authorized to dispense with the removal of the patient to an asylum, and to provide for his care and maintenance in some other manner.

The number of applications to the Board to dispense with removal in three years, is shown in the following table:—

Year ending 14th May.	Number of Applications.	Applications in which Removal was Dispensed with.	Applications in which Removal was not Dispensed with.
1853	169	165	4
1854	201	188	13
1855	226	213	13
Total,	596	566	30

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The result of these dispensations is, that a very large number of pauper lunatics are placed in charge of relatives or strangers, or with any one who will undertake their charge. The working of this clause of the Act, however, is left too dependent upon the views held by the inspectors of the poor. They are required to report all cases without delay to the Board of Supervision; but, if they fail to do so, the Board have no efficient means of detecting the omission. There is no specific penalty attached to the neglect, and even if there were, it would prove inoperative, from the Board remaining in ignorance of the existence of the cases.

Reference to the returns furnished by the Board of Supervision, will show that the number of the insane poor resident with relatives or strangers is much greater, in proportion to the total number of insane paupers, in some counties, than in others; and, on examination, it appears that this difference is greatest in those counties which are most remote from asylum accommodation. This fact is clearly shown in the following tables, which embrace six counties contiguous to asylum accommodation, and six which are remote from it:—

TABLE I.

Counties near Asylum Accommodation.

NAMES OF COUNTIES.	Population in 1851.	Total Number of Insane Poor belonging to County.	Proportion per 1000 of Insane Poor to Population.	Number of Insane Poor resident with Relatives or Strangers.	Proportion per cent. of Insane Poor resident with Relatives or Strangers, to total number of Insane Poor.	Proportion per 1000 of Insane Poor resident with Relatives or Strangers, to Population.
1. Aberdeen, ...	212,711	271	1.278	72	26.56	0.338
2. Edinburgh, ...	259,493	523	2.015	64	12.23	0.246
3. Fife, ...	153,789	175	1.144	41	23.42	0.266
4. Forfar, ...	191,247	309	1.615	51	16.50	0.266
5. Lanark, ...	533,169	508	0.952	63	12.40	0.118
6. Renfrew, ...	157,950	182	1.152	30	16.48	0.189
Average, ...	251,393	328	1.304	53.50	16.31	0.212

TABLE II.

Counties remote from Asylum Accommodation.

NAMES OF COUNTIES.	Population in 1851.	Total Number of Insane Poor belonging to County.	Proportion per 1000 of Insane Poor to Population.	Number of Insane Poor resident with Relatives or Strangers.	Proportion per cent. of Insane Poor resident with Relatives or Strangers, to total Insane Poor.	Proportion per 1000 of Insane Poor resident with Relatives or Strangers, to Population.
1. Argyle,.....	88,807	144	1.621	94	65.27	1.058
2. Caithness, ...	39,782	57	1.432	45	78.94	1.131
3. Inverness, ...	97,189	154	1.584	110	71.42	1.131
4. Orkney and Shetland,	62,533	64	1.023	*43	65.62	0.687
5. Ross & Cromarty, ...	83,781	112	1.336	78	69.64	0.931
6. Sutherland, ...	24,720	50	2.022	†41	82.00	1.658
Average,.....	66,135	96.84	1.464	68.50	70.73	1.035

* Including one wandering lunatic. † Including two wandering lunatics.

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These tables further show that the proportion of insane poor to the population, is not materially greater in the first six counties than in the second six, but that the difference lies in the proportional numbers sent to asylums or retained at home. It must be due, then, either to a diversity in the nature of the cases in the different counties, or to certain kinds of cases being detained at home in the remote counties, which are placed under treatment in asylums in those which are near; but, as it is extremely improbable that cases not requiring asylum treatment, should abound precisely in those counties which are most remote from asylums, we were induced to inquire into the nature of the measures taken by the Board of Supervision to insure the transmission of all proper cases to asylums. The only information required by the Board, for their guidance on this head, are answers by the parochial surgeon to the following questions:—"Name of pauper? Date, so far as can be ascertained, when pauper became insane or fatuous? If both quiet and inoffensive? If disorder likely to be aggravated by remaining in present residence? If the accommodation provided is sufficient? If properly attended to? Any other remarks applicable to this

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case? Would removal to a poorhouse, in the medical officer's opinion, be beneficial or detrimental to pauper, and can he safely be placed there? Does the medical officer consider that pauper's removal to a poorhouse would be preferable to a continuance of present residence?" These questions have been made more comprehensive since the commencement of our inquiries, especially by the introduction of that relating to the date when the patient first became insane; but still, no information is demanded as to the nature of the malady, or its supposed cause. Neither is the surgeon who certifies to the insanity of the patient required to state his opinion whether treatment in an asylum would be likely to promote recovery. Perhaps, the questions in reference to removal to poorhouses, are intended by the Board of Supervision to elicit information on this head; but, practically, they are not so interpreted by parochial medical officers. When, under the information thus acquired, removal to an asylum has once been dispensed with, the dispensation is continued so long as half-yearly certificates to the same purport are granted.

The questions seem framed more in reference to the physical wants of the paupers, than with a view to secure due care being taken of them as patients requiring special treatment. The certificates are such as might be signed in many cases of quiet patients, apart altogether from the question, whether they are curable or incurable. And there can be no doubt that, under their sanction, many cases are retained at home which ought to be placed under treatment in asylums.

The instructions given to inspectors of the poor, immediately to report all cases of insanity to the Board of Supervision, are not, by any means, stringently acted upon; and many insane and fatuous persons, in receipt of parochial relief, are retained at home, as ordinary paupers. This occurs most frequently in remote rural districts, where supervision is necessarily more difficult, and where removal to an asylum would entail greater expense. There is, in this matter, no check of any kind upon the inspector, who is left entirely to his own sense of duty. Occasionally, it happens, however, that it is not the inspector who is to blame for the omission of reporting

cases. It is his duty to obtain from the parochial surgeon a certificate of insanity or fatuity; but cases have been reported to us in which it was said that no such certificate could be obtained from the medical officer.

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Pauper Lunatics, resident with Relatives or Strangers.

As illustrations of the above remarks, we will briefly give the outlines of some cases which came under our personal observation. And, first, those in which the omission to report was due to the inspectors:—

D. H., living at Lybster in Caithness. Seen 21st September 1855. Is about 20 years of age. About six years ago, he was greatly alarmed at sea, and his mind thereafter gradually became affected. He fancies children poison the water of the well with laudanum, and he thinks poison is put in his food. He, consequently, left his mother's house, and now lives alone in a small one-roomed cottage, where he prepares his food himself. Nevertheless, he often imagines deleterious substances have been mixed with it, and then proceeds to abuse those who, he fancies, have been attempting to poison him. This patient has been insane for six years, and was, we were informed, for three-quarters of a year upon the poor-roll, before being reported as insane or fatuous to the Board of Supervision. His mother receives 12s. 6d. a quarter on his account.*

A similar case is that of D. M., seen 22d September 1855. This man is about 50 years of age, and appears in good physical health. He resided in Wick for about 20 years, working as a cooper; but, about twelve months ago, his mind became deranged, and he fancied he was pursued by enemies, to avoid whom he came to Thurso to live with a sister. He cannot now be persuaded to leave the house for fear of being discovered by them. He is in receipt of 3s. a week from the parochial board of Wick, which is paid by the inspector of Thurso. The inspector of Wick, we were told, is aware of this patient being insane, but, nevertheless, has not reported him to the Board of Supervision.

It is probable that, had these cases been properly re-

* The attention of the Board of Supervision having been called to this case by the inquiries of the Commissioners, instructions were given for the removal of the patient to an asylum, in April 1856.

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ported, removal to an asylum would not have been dispensed with; but then the burdens on the respective parishes would have been increased from 12s. 6d. a quarter, and 3s. a week, to, at least, £20 per annum. If this was the motive which actuated the parish authorities in delaying to report these cases, they adopted a short-sighted policy, for they thus allowed cases which proper care and treatment might have restored to sanity, in all probability, to become permanent burdens on their parishes.

Assuming that in these two cases the parochial surgeons had not been called upon to grant a certificate on which application might be made to the Board of Supervision to dispense with removal, it is obvious that when, after an interval of years, they are required to certify as to the mental condition of the patients, they, finding that the malady has already existed so long, may conscientiously entertain the opinion that removal to an asylum is no longer of any importance as a remedial measure. Accordingly, provided the patient is not so violent as to render his detention at home impossible, the probable result would be, that he would be allowed to drag out a miserable life, in whatever way the cost to the parish would be smallest.

In the following case the blame of delay appears more properly attributable to the parochial surgeon :—

D. W., 35 years of age, a pauper of St. Quivox parish, seen 8th March 1856. Received an injury about fourteen months ago, which broke some of his ribs. Derangement of mind gradually ensued, but whether or not in connexion with the injury, did not clearly appear. He had saved a little money, and gradually became desponding as it was spent. He now never speaks, and never leaves the house, but sits, in a fixed attitude, gazing out at the window. This has been his condition for six months. Five months ago he became chargeable to the parish, but it is only about a week since the parochial surgeon agreed to grant a certificate of insanity, although, according to the inspector, he had been previously requested to do so.

Two cases, investigated 22d February 1856, fully illustrate the evils of omitting to report fatuous or weak-

minded persons to the Board of Supervision. R. P., aged 44, and A. P., aged 27, both paupers of the parish of Dysart, lived together in the village of Gallatown, and were visited by one of our number, in consequence of the remarks attached to the constabulary returns. Both were out at the time of the visit, but the door of their house was open. It contained two rooms, the inner forming their sleeping-place. The bottom of the bed-frame consisted of loose and irregularly placed rough boards; one of them being the outer plank of a tree, and consequently knotty and uneven. There was no mattress of any kind, nor even loose straw. The coverings were mere rags, which could afford scarcely any protection against cold. The floor was of damp earth, and that of the outer room in some parts inch-deep of water, probably of urine, as there was no utensil of any kind for the calls of nature. A chair, a small rickety table, and a cupboard constituted the entire furniture. There were no means of cooking food, and no plate, or piece of crockery of any kind, to hold it. The window of the front room had no glass, but was closed by a wooden board; that in the sleeping-room had some glass panes, but, from its rickety condition, excluded the wind very imperfectly. The whole house, which belonged to the parish, presented a most depressing picture of dirt, wretchedness, and want. The neighbours kindly endeavoured to find the two men, but, as was their habit, they had wandered away.

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We thought it our duty immediately to call the attention of the Board of Supervision to this case, and we received, a few days afterwards, a copy of a certificate from the parochial surgeon of Dysart, to the effect that neither R. nor A. P. were lunatic or fatuous. The same member of our Commission thereon took an early opportunity of again visiting the house, but found that the men had, in the meantime, been removed to the Kinghorn Combination poorhouse, where he saw them on 4th March. The following was their condition:—

R. P., aged 44, by trade a weaver. About five or six years ago, he began to suffer from a nervous affection, which incapacitated him from continuing his trade.

A. P., aged 27, also a weaver by trade. Had joined the army, from which he was discharged above two years

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ago, on account of a similar affection, and had been sent home under charge of a soldier.

Both brothers are suffering from a species of general paralysis, that deprives them of the efficient use of their limbs. They are able to walk, but cannot control or guide the movements of the hands so as to weave. The speech of both is very much affected, and it is with difficulty that they can be understood. With regard to their mental condition, there does not seem to be any very marked intellectual or moral perversion, but their minds are decidedly enfeebled, or, to use the words of the statute, fatuous, allowing this term to indicate a degree of mental power quite insufficient for self-protection. The elder, especially, bears in his whole appearance, the stamp of unmistakable fatuity. When received into the poorhouse the clothes of both were extremely dirty, and their persons covered with vermin.

The history of these cases shows the difficulty of determining the meaning attached to the term "fatuity," and the tendency of inspectors and parochial surgeons to ignore its presence, even when patients are totally incapable, from mental deficiency, of taking care of themselves.

Having satisfied ourselves, by personal investigation, that there exists a considerable number of insane and fatuous paupers, not reported as such to the Board of Supervision, we requested the constabulary force, in the returns made by them, to note particularly all insane and fatuous persons who were in receipt of parochial relief. The following table shows the number of such paupers, resident with relatives or strangers, or living alone, in the different counties, according to the returns of the Board of Supervision, and of the constabulary force:—

COUNTIES.	Number of Insane and Fatuous Paupers according to		COUNTIES.	Number of Insane and Fatuous Paupers according to	
	Returns of Board of Supervision.	Returns of Constabulary Force.		Returns of Board of Supervision.	Returns of Constabulary Force.
Aberdeen, ...	72	133	Brought forward...	810	1183
Argyle, ...	94	153	Kinross, ...	6	15
Ayr, ...	80	123	Kirkcudbright, ...	26	37
Banff, ...	55	84	Lanark, ...	63	98
Berwick, ...	30	35	Linlithgow, ...	11	17
Bute, ...	12	14	Nairn, ...	10	12
Caithness, ...	45	90	Orkney, ...	32	51
Clackmannan, ...	5	11	Shetland, ...	10	55
Dumbarton, ...	10	25	Peebles, ...	2	3
Dumfries, ...	59	70	Perth, ...	118	150
Edinburgh, ...	64	58	Renfrew, ...	30	32
Elgin, ...	28	37	Ross & Cromarty,	78	125
Fife, ...	41	74	Roxburgh, ...	50	56
Forfar, ...	51	89	Selkirk, ...	10	13
Haddington, ...	33	35	Stirling, ...	33	48
Inverness, ...	110	123	Sutherland, ...	39	49
Kincardine, ...	21	29	Wigton, ...	35	54
Forward.....	810	1183	Total, ...	1363	1998

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From this table, it appears that the numbers of insane and fatuous persons in receipt of parochial relief, are very considerably greater according to the returns of the constables than according to those of the inspectors; and the explanation of this fact is at once suggested by the evidence above adduced. It will be observed that, in Edinburgh, the numbers returned by the inspectors are greater than those returned by the constables. This arises from the fact that, in large towns, the inquiries by the latter cannot be so efficiently conducted as in smaller towns and rural districts; and that, consequently, in the city of Edinburgh, which contains the larger proportion of the population of the county, some patients escaped enumeration by the constables.

If asylums could always be easily reached, imperfect returns by the inspectors would probably be less frequently made; but, when an expense of from £5 to £10 must be incurred in transmitting a patient to an asylum, there is a strong inducement to delay, and to trust to nature for a cure. Indeed, when a patient is sent to an

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asylum and speedily recovers, the parochial authorities are apt, instead of ascribing recovery to the treatment, and considering the expense as judiciously incurred, to regret that he was sent away, under the belief that he would have recovered equally well at home, and that the cost to the parish funds might have been spared. Hence, we found that the speedy return of a patient from an asylum, instead of operating as an encouragement to send others, occasionally produced a directly opposite effect.

We now proceed to show that the medical certificate, granted in the cases reported to the Board, does not insure in practice the proper treatment of the patients.

As before stated, the medical certificate merely certifies that the condition of the patient is not likely to be aggravated by remaining in his present residence; but no sufficient information is required as to whether improvement would be likely to follow on removal to an asylum; and experience shows that parochial medical officers are not apt, of their own accord, to offer any suggestion of this nature. Hence, many pauper lunatics are boarded with relatives or strangers, who ought unquestionably to have been removed to an asylum. The question of expense not unfrequently lies at the root of the evil, for patients are, in general, kept at a much lower rate at home than in either a public asylum or licensed house. The result is, that throughout the remote counties, the welfare or recovery of the patients is, as a general rule, very little considered when deciding on the manner of their disposal. Generally speaking, so long as they can be kept at home, so long is their removal dispensed with. It is only when they become so outrageous in their conduct, or so offensive in their habits, that no one will undertake their charge; or when the Procurator-Fiscal threatens to interfere for the protection of the public, that the parochial authorities reluctantly yield to the necessity of the case, and order their removal to an asylum. There are, of course, exceptions to this rule, but they are rare. No doubt, to a certain extent, an apology may be pleaded for this state of matters in the comparatively limited accommodation afforded by public asylums, and the distance

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from them at which the lunatics are often resident. But that these are not the sole sources of the evil, appears from the fact, that it is not only the remote counties that are open to the reproach of improperly detaining patients at home; the abuse is also observable in counties adjacent to asylum accommodation.

We proceed to notice a few cases, from among the many that have come to our knowledge, in illustration of these remarks:—

J. T., residing at Helmsdale, aged 43; seen 20th September 1855; mania. This patient has been insane for 14 years. She has delusions, and fancies her husband has murdered her. She is never out, and scarcely ever leaves her bed, which is in the room in which the family take their meals. She becomes violent at times, and is then managed with difficulty, especially in the absence of her husband. She has an allowance of 1s. a week from the parish of Kildonan.

J. S., residing near Brora; seen 19th September 1855. Has been disordered in his mind since May 1852. His father had been insane and recovered; and it was hoped, we were informed, that recovery would take place in his case also, without removal to an asylum. He was boarded at first with his father, from whose care he was removed, as he was not properly attended to, and is now placed in charge of a woman, who receives 5s. a week on his account. The case is one of melancholia. The patient lies constantly in bed, is never out, and scarcely ever speaks. His brother committed suicide by drowning.

M. S., residing at Buckie, in Banffshire; seen 2d October 1855. A young woman of 25. Has been insane about two years. We found her in the house alone, lying in a miserable bed close to the door. The immediate cause of her illness was reported to have been a disappointment; and, on being questioned, she broke out into fierce invectives against the man that had deceived her. Ten shillings a month are, we were told, allowed her by the parish. She appeared badly attended to.

M. B., aged about 65, residing at Cullen; seen Oct. 2, 1855. She first became insane about 20 years ago,

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in consequence of the loss of her husband at sea. She recovered so far as to be able to do light work, though she was never quite herself. About three months ago she had a relapse, and now fancies herself possessed of an evil spirit. She was lying in a box-bed, in a state of considerable excitement. She lives with her son, who receives an allowance of 1s. 6d. a week, on her account. Her physical wants appeared tolerably well cared for, but in other respects her position was such as to tend to confirm her malady.

G. W., aged about 37, residing at Portsoy; seen Oct. 2, 1855. He was formerly a fisherman, and has been insane about six years, the mental disorder first showing itself in consequence of family disputes. He improved at one time, but the malady became confirmed about four years ago. For some time he was excited, and difficult to manage, but was never sent to an asylum. Had he continued "uproarious," he would have been removed. For four years he has not left his bed, and his limbs are now shrunk and contracted, so that he cannot walk. He is much emaciated, and gives no answers to questions, though it is affirmed he knows what is going on around him. He wets the bed occasionally, but does not otherwise dirty it. He is attended to by an old pauper and his wife, who receive 5s. 6d. a week for the maintenance of all three, and a house rent free.

P. T., a pauper of Kingussie parish, aged about 56, residing at Forres; seen Oct. 1, 1855. In charge of his brother and sister. He is a strong-looking man, but quite fatuous. Lies almost constantly in bed, owing to the neglect of his brother, who has ceased taking him out. He is not properly cared for. Allowance, 4s. 6d. a week.

These cases are from the northern counties; but, as remarked, similar ones are found, though perhaps proportionally less frequently, in every county in Scotland. The following, for instance, was seen at Dumfries, in the immediate vicinity of a chartered asylum, which has never rejected a pauper case belonging to the county of Dumfries:—

J. H., aged 23; seen 10th March 1856. Became chargeable to the parish on 5th May 1854, and had then been insane about a year. She lives with her mother,

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and is affected with religious melancholy. At times, however, she becomes very much excited and violent; "rages, swears, and strikes," and requires to be held down. She cannot be trusted out. She ran away at last fair-time, and the police were employed to discover her, and bring her back. Labours under delusions. The Board of Supervision dispensed with removal, and the parochial board allows her mother 6s. a month on her account.

But, instead of quoting scattered cases in this manner, we shall select a single parish, and shortly note all the cases visited there, as, perhaps, the best way to convey an idea of the number, and of the condition of the lunatic and fatuous poor resident at home. This will afford, as it were, an epitome of the whole, and the cases thus noticed will give a fair illustration of the evils we have been adverting to. We select the parish of Lochwinnoch, in Renfrewshire, containing a population of 4153; visited 8th March 1856. The cases were reported to us by the police, and are as follows:—

1.—I. M'P., aged 49; idiot, quite helpless. Dirty in her person, and of very dirty habits. Allowance, 4s. a week.

2.—A. W., aged 71. Lives in a room alone, and is looked after by a woman, who resides in a neighbouring house, and receives 1s. a week for her trouble. He is quite fatuous, and is seldom, if ever, out. Very dirty in his person, and bed very dirty. Allowance, 3s. 3d. weekly.

3.—R. E., aged 50. Lives with his two sisters, who are paupers. Very feeble. Of dirty habits. Used to have a straw mattress; but this involved so much trouble in keeping it clean, that he now lies on the boards, with the intervention only of a piece of old blanket. Clothing of patient very bad. Allowance for him and his sisters, 7s. 6d. a week.

4.—E. B., aged 60. Became insane about fifteen years ago. Was at first very violent, and was then kept shut up in a box-bed. Is now very feeble, and the bed is open. Is very much in bed. Is well looked after by her sister. Allowance, 3s. a week.

5.—J. L., aged 50. A strong-looking woman, with scowling expression. Became insane about fifteen years

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ago. Is subject to paroxysms of excitement about every three weeks. Is then very violent. Lives with a woman who is provided, by the inspector, with leather muffs and ankle-straps to restrain her. Assistance is often required to put on the muffs, but the ankle-straps are not necessary. Is very dirty in her habits, paying no attention to the calls of nature. Can seldom be allowed out. Allowance, 4s. a week.

6.—J. S., aged 54. Imbecile from birth. Has been epileptic for twelve years or more. The fits occur about twice a week, and he is frequently severely hurt in his falls. Clothing very ragged. Allowance, 3s. a week.

7.—M. S. A change of character had been noticed in her for some years; but her sister first became aware that she had lost her senses on 28th April 1854, by her suddenly becoming outrageous, and requiring to be bound down in bed. She has been in receipt of parochial relief for about three years and a half, but was not reported as insane to the Board of Supervision till 28th November 1855. She is now in a state of dementia, of dirty habits, and lies constantly in bed on loose straw. Allowance, 4s. 6d. a week.

There was still another case reported as resident in the village, but he was not in his house, and we did not see him.

These examples will be sufficient to convey an idea of the amount and nature of the mental disease existing among the people in their homes. When visiting the licensed houses in the West of Scotland, we had occasion to remark on the low standard of cleanliness that prevailed in several of them. In like manner, we found in the course of our investigations, that the condition of the insane in the western counties, living at home, is considerably below that of the same class in the eastern districts of the country. As a general rule, they are dirtier, worse clothed, and more debased; and we are inclined to ascribe this difference to the large influx of Irish into the western districts, an opinion which Dr. Browne's experience corroborates.

Appendix M. p. 523.

Our personal investigations having led us to see that a great number of cases, indifferently taken care of, are scattered over the country, we requested the constables

to append to their returns some details as to the manner in which the insane and fatuous persons who came under their observation were treated. Accordingly, of the 3798 persons returned by them, 605 are reported as badly or indifferently cared for. It was clearly impossible for us to check the whole of these returns by personal research; but our experience leads us to think that the constables have rather extenuated evils than exaggerated them. Several cases which we had examined, and noted as indifferently or badly treated, are returned by them as properly cared for. In Appendix K, we have given a considerable number of cases extracted from the constabulary returns. They are reported in brief and general terms, but they will convey a pretty accurate idea of the amount of wretchedness that prevails in rural districts, among the unhappy sufferers from mental disease. Had the reports been made by medical men, the number of badly treated cases would probably have been even greater than it is, for it is natural to expect that a constable should be disposed to consider all cases as properly cared for, where the patients are tolerably fed, clothed, and sheltered, and are not subjected to any positive cruelty. The absence of all means of curative treatment is not likely to be taken by him into account.

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As several of the cases reported by the constables, about which we considered it desirable to procure further information, lie in localities so remote or inconveniently situated, that we had it not in our power to visit them, we obtained extended reports of them from the Procurators-Fiscal or superintendents of police. They will be found in Appendix L, and will serve to complete the picture of the condition of pauper lunatics resident at home.

In dealing with cases of lunacy, the question to be considered is not solely, whether removal to an asylum, if it had been early resorted to, would have been followed by recovery. In many cases this result would undoubtedly have ensued; but even in those cases in which the mental disorder might have continued, the relief to relatives, and the increase of comfort to the patient, would frequently have been very great. Thus, among the patients whose cases we have quoted, are

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several quite capable of deriving benefit and enjoyment from out-door exercise, who are kept within doors, partly owing to the neglect of those having the care of them, and partly because they might prove dangerous, or would run away.

There exists throughout Scotland a large number of idiotic, and weak-minded or fatuous paupers, of whom the greater proportion have been in this state from birth, and the smaller number have become imbecile in consequence of attacks of insanity or epilepsy. In such cases, although their condition is capable of improvement, a large amount of benefit to their mental state could not be expected to accrue from removal to an asylum or poor-house; accordingly, with respect to them, the present inquiry has mainly to determine whether their general wants are sufficienty attended to.

Among the population of the Highlands, there exist very strong feelings of attachment towards imbecile relatives. To a certain extent, these feelings appear to be mixed up with superstition, for there is a prevalent conviction that abandonment of relatives so afflicted, would be followed by misfortune. But, whatever may be their origin, their tendency is undoubtedly to throw difficulties in the way of the removal of the idiotic to asylums, and to lead to the acceptance of the smallest pittance for their support, rather than agree to be separated from them. With the rest of the population, these feelings are less powerful, and the treatment of their fatuous relatives by the Lowlanders, and the inhabitants of the eastern coasts of the northern counties, is less marked by affection and self-denial. It is indeed astonishing to what sacrifices the Highland peasantry will submit, rather than desert the helpless imbeciles belonging to their blood, and we fear the parochial authorities not unfrequently take advantage of these feelings, to grant the lowest possible amount of relief.

As a curious instance of a superstitious feeling acting in another direction, we may here cite the reputed virtues of the pool of St. Fillans, in the cure of insanity, a belief in which still lingers with the peasantry. It was formerly a common custom to immerse the insane in this

pool, and then to leave them for a night in the adjoining churchyard. We understand that within the last two or three years a lunatic was brought from a considerable distance, to undergo this treatment, in which, however, the night in the churchyard was suppressed.

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Before deciding upon the insufficiency of the allowances granted by Highland parishes for fatuous paupers, it is necessary to bear in mind the low standard of living of the population. But, at the same time, it must be remembered that there is no necessity here, as in the case of sane paupers, to grant the lowest possible relief, in order to guard against abuse. On the contrary, it should never be forgotten that imperfect nutrition is one of the most frequent causes of insanity and imbecility among the poor. Hence, one of the most potent remedies in asylum treatment is the comparatively full diet enjoyed by the patients.

It is impossible, without a knowledge of the exact condition and circumstances of each insane person or idiot, to determine whether the allowances made for their support by the parochial authorities, are sufficient or not. In several cases that came under our observation, they were decidedly too small; and, on the other hand, in one or two exceptional cases, greater than seemed necessary. But in those cases in which the allowance was sufficient, due care was not always taken to see that it was properly applied.

The difficulty of deciding whether the allowances are sufficient or otherwise, by a mere appeal to the returns made to the Board of Supervision, lies in this, that many paupers live with parents, sons, or other relatives, able and willing to assist them to a certain extent, but unable to undertake their whole burden. Others, again, have small allowances from charitable individuals, which are supplemented by the parish.

Among instances of deficient allowance, we may quote the following cases, reported as insane or fatuous to the Board of Supervision:—Widow K. F., of Kilmorack parish, complains that her house is pervious to rain, and is very cold. There is no glass in the window, and the house is dark whenever the shutter is closed. There was no chimney, and the floor was of damp earth.

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She receives 1s. 6d. a week for all her support. E. M'L., also a fatuous pauper of Kilmorack, has 10s. in 8 weeks for all her support. Her cottage was extremely bare and comfortless. We may also again cite the case of the brothers P., mentioned on page 172. They received each 2s. weekly. The fatuous paupers of the city of Edinburgh, living with relatives or strangers, are 12 in number, and the allowance for some of them, though boarded with strangers, is only 2s. a week. Complaints are made that this is insufficient, and indeed the fact is self-evident: for, although certain articles of clothing are also found by the parish, it is clear that 2s. a week is a very inadequate sum, wherewith to provide lodging and food for adult paupers, and to afford remuneration for the trouble of looking after them. Such cases as these show either a want of proper supervision of the fatuous poor by inspectors, or else a culpable economy on the part of parochial boards.

As an example in which the allowance appeared to be greater than necessary, we instance the case of A. R., a pauper of the parish of Muckhart, seen 5th September 1855. She is a strong, healthy-looking woman, of about 35 years of age, and had been in Morningside Asylum for some years; but her mental condition has now so much improved that she is quite able to contribute largely to her own support, if not to meet it altogether. She is boarded with the inspector of the parish, assists in the work of the house, and, in fact, takes the place of a servant. The parish keeps her in clothes, and, besides, allows her 5s. a week.

We have also met with cases where a sufficient allowance by the parochial board was neutralized by want of proper supervision on the part of the inspector. In illustration, we quote the case of J. S., a fatuous pauper of the parish of Falkland, seen October 15, 1855. He is boarded with a family, who receive 6s. a week for him. The accommodation is very wretched. The pauper sleeps in a small closet, the partition walls of which are broken through, and in a state of dilapidation. The bed was very dirty, and without sheets; the floor encrusted with mud, and the whole house almost entirely without furniture.

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The certificate by the parochial surgeon, on which removal is dispensed with, should be framed in much more stringent terms than at present. Under the existing form, he may conscientiously certify that the lunatic is in circumstances not likely to aggravate his disorder, and yet these circumstances may be such as ought not to be tolerated in a civilized land. Among the poor it is not uncommon for the males and females of the family to occupy the same sleeping-room, and occasionally even the same bed; but this is a practice which ought never to receive the countenance of the parochial authorities, and least of all in the cases of insane and fatuous persons. Two instances were mentioned to us in which a strong suspicion existed that fatuous brothers and sisters had become parents, from having been allowed to sleep together. To what extent this allegation is correct, no decisive proof could be obtained; but, in one of these cases, we saw the idiot child of the idiot mother, the latter being so completely idiotic, as to be unable to give the slightest clue in regard to the paternity. In the course of our visits we met with repeated instances of the males and females of the family occupying the same bed. Thus at Lybster, widow M. sleeps in the same bed with her imbecile son, aged 44, and with her daughter who is engaged at the herring-curing. The house has only one apartment, and one bed. Again, also at Lybster, R. B., aged 27, an idiot, sleeps in the same bed with his father, aged 65, and his mother, aged 68. At Wick, J. H., a female, aged 30, an imbecile from birth, sleeps with her mother; a son of 26 occupies another bed in the same room. In the parish of Creich, in Sutherland, J. C., a female, aged 40, imbecile from birth, sleeps in the same room with J. L. and his wife, a herd lad occupying a third bed. But it is almost superfluous to give instances of a custom which is so common. In such circumstances, it is not surprising that in a number of parishes idiot and imbecile females have become mothers, and, in general, to unknown fathers. Such cases are by no means exceptional, for they were admitted and spoken of as common occurrences. Thus, among the paupers at present on the roll of the parish of Kintore, is a fatuous mother, with two fatuous children. In the

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parish of Latheron, in Caithness, five imbecile females were named to us as having become mothers. We were induced, by a consideration of these facts, to append a note to the schedules issued to the constabulary, requesting that particular mention might be made of all the cases of fatuous females who had given birth to illegitimate children. We thus obtained returns of 126 cases, chiefly pauper, which, however, fall considerably short of the actual number, as our personal inquiries led to a knowledge of cases which are not found in the constables' returns.

Other indications, also, lead us to believe, that their number would be greatly increased by a careful investigation. Our principal reason for this belief, is the greatly varying proportions in which idiot mothers are returned from different districts. Difference in the character of the population may no doubt partly account for these variations; but they are probably in a great measure due to the more careful inquiries made by the constables in some districts than in others, for they occur not only in different counties, but also in different parishes of the same county. The counties which yield the greatest numbers are those of Aberdeen, Ayr, Caithness, Inverness, and Perth, which return no less than 61 cases of the whole 126.

Pursuing the inquiry into the individual parishes, we find that, in Ayrshire, those of Old and New Cumnock, with a population of 6536, return 4 fatuous females as mothers to 11 children, and that that of Ayr returns 2 mothers with 5 children. In the whole county, there are 15 idiot mothers with 31 children. Again, in Latheron, in Caithness, with a population of 8224, 8 mothers are returned with 10 children, while one female is reported pregnant. The largest number of children anywhere returned to one fatuous female are 5; the mother being an idiot belonging to the parish of Erskine, in Renfrewshire.

It thus becomes a question of very serious import, whether, for the sake of public morality and civil policy, all fatuous females should not be restricted in their liberty, and be gathered together in poorhouses. If it were possible to place all those who were at a child-bearing age, in circumstances where illicit intercourse

would be impossible, much would be done to arrest an evil which has already entailed great misery and heavy burdens upon the community. Hereditary tendency is proved, by general experience, to be one of the most powerful causes in producing mental derangement, and the facilities which are at present afforded for its propagation, are productive of evils which seem to be increasing. Little reliance, unfortunately, can be placed on the moral feelings of the people to give them check, and the only feasible remedy appears to be that which we have suggested.

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The more remote, as well as the more immediate influences tending to diminish the present and prospective amount of insanity among the poorest classes, are also well worthy of consideration; and it is a short-sighted policy to disregard them. Without intending to disparage the amount of provision made for pauper children placed in poorhouses, or with strangers, we cannot but think that it would be well if better means were adopted to invigorate their physical condition, and thus to diminish the tendency to insanity in after life, which so often results from a feeble organization.

In connexion with this subject, we further deem it advisable to draw attention to a class of general causes of idiocy and insanity among the poor, which are, to a certain degree, preventable. Such causes are unsuitable dwellings, which produce a low physical and moral state of the system; and want of proper sustenance, which brings about a similar result. Hence, it would be well, even on their own account, if parochial authorities were to consider, that by affording timely relief to the working-classes when in distressed circumstances, one great cause of insanity and pauperism would be cut off, and the permanent burden of insane paupers be thus, in some measure, diminished.

The standard of personal cleanliness is, in general, so low among the Scottish poor, that the parochial surgeon cannot afford to be very fastidious in deciding that a fatuous pauper is not properly kept, so far as cleanliness is concerned; were he to be so, a large proportion of the paupers at present resident with relatives or strangers,

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would require to be removed. Still there are some cases of such dirty habits, or which are so carelessly attended to, that it is difficult to absolve from blame the parochial surgeon who, under such circumstances, grants a certificate that enables removal to be dispensed with. Such a case is that of A. B., a pauper of Callander parish, seen 6th September 1855. She is extremely dirty in her person, and is of very filthy habits, occasionally taking her excrements and rubbing them up in her hands. Her bed was of loose straw, and the atmosphere of the room was very offensive. She never seems to be washed, but the woman who has charge of her is nearly equally dirty in her own person. The annual allowance for this pauper is £13, a sum which ought to be sufficient to ensure her much more attention than she meets with.

In concluding this review of the condition of the lunatic and fatuous poor resident at home, we may state that the observations on which it is founded, were made in sixty parishes in twenty different counties.

PRIVATE INSANE RESIDENT WITH RELATIVES OR STRANGERS.

From the returns we have obtained, it appears that there are in Scotland 1810 insane or fatuous persons, not in receipt of parochial relief, living with relatives or alone, or boarded with strangers. Of this number, 10 only are in houses reported to the Sheriff, and the remaining 1800 are in no way officially recognised.

Of these cases, a few belong to the upper and middle classes of society, but by far the greater number are members of that class which is only slightly removed from pauperism. In general, there is only one patient in a house, unless where more than one member of a family happen to be deranged; but, in the course of our inquiries, we have met with two instances of private houses in which two or more patients are received as "boarders," without license or warrant from the Sheriff. One of these houses is situated at Trinity, near Edinburgh. It is intended, principally, for the reception of ladies addicted to intemperance; but they are detained against their will, and measures are, accordingly, taken

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to prevent their escape. The windows of the house are all barred, the front gate is kept constantly locked, and the ladies are very seldom allowed to go beyond the court and garden, which contain only a few square yards of ground. The house was visited on 12th July 1855, and then contained three patients,—one of them a male, suffering from general paralysis. The second house is situated in the village of Laurencekirk in Kincardineshire, and contained, when visited on October 1, 1855, two insane and two sane boarders—all females. This house, we were informed by the proprietor, is known to the Sheriff of the county as one receiving lunatics ; but he does not consider it necessary to grant licenses, or to visit it. Another house was mentioned to us as existing at Haddington; but we found, on visiting that town, that it had been closed for some time—it was said in consequence of the death of the wife of the proprietor. Although the above are the only private unlicensed houses to which our attention has been specially called, we have reason to think that others exist in Skye, and similar remote districts.

In the neighbourhood of Edinburgh, a house has lately been opened for the reception of "invalids, or patients "suffering under nervous affections, requiring a retired "country residence and judicious management, with the "comforts of a cheerful home." The patients are generally convalescents from fever, or from insanity, or youths, whose faculties have suffered from over study. No one is received or detained in this house against his will.

There are, besides, certain establishments into which lunatic and fatuous persons are received without warrant, and which are so far private institutions, that they are conducted by private parties, and are principally supported by private funds. To this class belongs the House of Refuge, Edinburgh. Two of its objects are thus stated in the rules :—"To receive per- "sons of intemperate habits, placed and paid for by "their friends, for the purposes of restraint and refor- "mation;" and "to receive persons labouring under "incurable disease." On visiting the house on 11th July 1855, we found it had, till lately, been a common

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practice to receive pauper idiots and imbeciles, sent in by their parishes. But, about six months previously, the Board of Supervision had called upon all parishes having fatuous paupers in the house to remove them. The greater number had, accordingly, been transferred, but we found several still remaining.

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There were, besides, several insane and imbecile patients, whose maintenance, at rates varying from 2s. to 5s. a week, was paid for by their friends. These persons are, if necessary, detained by force. We afterwards called for an exact return of the number of insane and fatuous persons in the house, and found them to consist of 13 private patients, namely, 2 males and 11 females; and 6 pauper patients, namely, 3 males and 3 females.

There remains another class of establishments, which we may here briefly notice, although the patients received in them are under warrant. We allude to idiot-schools, two of which have recently been opened in Scotland—one at Baldovan, near Dundee, and the other in Edinburgh. They are intended for the reception of both private and pauper children; and, although still partially dependent on charitable assistance, are expected to be, ultimately, self-supporting. But the comparatively high rates of maintenance must have the effect of almost totally excluding parochial children. Short notices of both houses are given in Appendix C.

By far the greater proportion of private patients living with relatives or strangers belong to the class immediately bordering upon pauperism. Of the nature of the treatment of the comparatively small number belonging to the upper and middle classes, we have had few opportunities of forming an opinion; but, in the course of our inquiries into the condition of pauper lunatics, we have had abundant means of becoming conversant with that of the private insane, who, in pecuniary position, most nearly approach them.

When a person belonging to the industrial or labouring classes is seized with insanity, he is either at once reduced to pauperism, or is supported for a while by his own savings or the contributions of relatives. Very frequently, these are speedily exhausted, and he becomes chargeable to the parish; but, occasionally, many

years elapse before patience and money fail; and it is only when, by the death of a father, brother, or other near relative, the sources of his support are dried up, that assistance is asked of the parochial board.

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It is a melancholy fact that the lunatic who is possessed of some small means, or who has friends able to contribute to his maintenance, very frequently occupies a worse position, so far as curative treatment is concerned, than the parish pauper. For the care of the latter, some one is legally responsible, however imperfectly the duty may occasionally be performed. But, for that of the private lunatic resident with relatives, no one seems considered accountable, unless in those exceptional cases where there is such gross neglect as to call for the intervention of the common law.

It will not be inappropriate, in illustration of these remarks, to quote the following passage from Mr. Davidson's evidence, Appendix M, page 332 :—

"The greatest deficiency that I have found is in the "absence of machinery by which you can find out when "lunatics are improperly kept by their relatives in their "own houses, or in those of strangers. Cases have "actually occurred where lunatics have been kept, (not "from cruelty, or a desire to injure them, but on the "contrary, from an unwillingness to part with them,) in "the houses of their relatives—father or brother—and "kept in a manner which, perhaps, was necessary to pre- "serve them from injuring themselves or others, but in a "manner which just bordered upon criminal maltreatment. "I have known one or two of these cases; but the great "difficulty is in discovering where they are; I believe "there is a number of them. Our common law powers, "in regard to such cases, I should think amount to no "more than this, that if the treatment is such as to "amount to a crime, then of course you would interfere, "as you would in the commission of any other offence. "But when it does not amount to that, although it may "come close to it, you have no power whatever. I know "the case of a man who was confined by his brother, a "person in good circumstances, in an out-house, chained "by the arm to a heavy chain, fastened to the wall. He "was kindly treated as to food and clothes, although he

Condition of the Insane not in Establishments.

Private Insane resident with Relatives or Strangers.

"would not allow these to remain on him; but he suf-
"fered from the heavy chains; and his malady was
"aggravated by this treatment. He had been in that
"condition for years, when he was accidentally discovered.
"Immediately on hearing of it, I ordered a medical man
"to visit and report; and as it seemed that the case
"amounted to something like crime, I sent the Fiscal,
"and he made a fuller report. On the whole, however,
"I was of opinion that no crime had been committed.
"And, indeed, the man had been kept there really from
"love, and out of a desire to keep him beside his friends.
"He was sent to a lunatic asylum. That case occurred
"in 1849. He had been kept in the condition I have de-
"scribed for several years. I don't think there are many
"wandering lunatics in the county of Aberdeen. The
"man I have spoken of improved extremely in the asy-
"lum, and, I believe, he recovered. A case of the same
"sort occurred the other day, which I have not heard the
"result of; it was a private case also."

When the patient is resident with a stranger, the law requires that his condition shall be annually reported to the Sheriff; but we have already seen that, in practice, this provision is almost entirely neglected. With by far the greater proportion of the private insane, neither the patient's means, nor those of his relatives, permit his being sent to an asylum. Accordingly, as a general rule, he is detained at home. If violent, he is locked up in a room, or bound in such a manner as to prevent mischief. Or, if quiet, he is allowed to wander about. Two evils result from this mode of proceeding. In the first place, the malady, in most cases, becomes incurable; and, secondly, his family is frequently reduced to poverty, partly through the loss of the patient's labour, and partly from the attendant expenses. In the long run, then, the struggle generally ends in the patient becoming chargeable to the parish; but not till all hope of recovery has long passed away.

In the preceding section, we have already noted several such cases. We have seen that, after some months, or perhaps some years of insanity, the friends of the patient make application for parochial relief. A medical certificate is obtained from the parochial surgeon,

and forwarded to the Board of Supervision, generally framed in such terms, that removal to an asylum is dispensed with. And thus, too frequently, the patient is consigned to the hopeless condition of a pauper lunatic for life. But, in other cases, no application is made for parochial relief, or, if made, it is not acceded to, and the patients are kept at home for years, subject to such treatment as we shall now describe.

Condition of the Insane not in Establishments.

Private Lunatics resident with Relatives or Strangers.

For this purpose, we shall, as briefly as possible, give the details of a few cases, some of which came under our own observation, and others were reported to us by the constables. The former are distinguished by an asterisk.

* M. D., aged 25; seen October 15th, 1855. Lives with her father and mother at F——. They occupy a wretched room on the ground floor, a portion of which, measuring about 8 feet by 5, is rudely railed off to form a cage, in which this young woman is confined. It contains a miserable bed, placed on the floor of damp earth, in which a hole is scooped out, to serve, so far as the imperfect light permitted us to see, as a receptacle for the patient's evacuations. She lay on the bed, rolled up in the coverlet, but the bars of the cage were so broad, and the room so dark, that it was impossible to tell exactly in what condition she was as to clothing and cleanliness. All the surroundings, however, betokened it to be miserable. This unhappy girl has passed several years in this state. The mother, it seems, is possessed of some small property, and has hitherto resisted the interference of the Poor-law authorities, from fear that it would be taken from her. A few weeks before our visit, another daughter had been attacked with insanity, but had been removed by her mother to the asylum at ——, where she was placed at the rate of £40 per annum. In consequence of this case having been returned by the constable as well cared for, we obtained, from the superintendent of police, a special report in regard to it, which states, that this second patient was brought home from the asylum at the end of the first quarter.

Appendix L. p. 269.

* A somewhat similar case is that of A. C., aged 55; seen 22nd February 1856. He is kept by his brother, in his house at G., in the parish of D. He has been insane

Condition of the Insane not in Establishments.

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about 25 years, and was, many years ago, for about three months in a licensed house at B.; but, for the last 12 years, he has been confined in a room, upstairs, without having ever been out of it. We found him lying in bed, in a state of nudity, wrapped up in a sheet of sackcloth. The bed was very dirty, and covered with fragments of food. He has nearly lost the use of his limbs, but is still able to get up to satisfy the calls of nature, though in so awkward a manner as frequently to soil the bed. He appears to be now in a state of dementia.

J. H., a female. When visited was in bed. "The "room that she was shut up in," the constable reports, "was locked from the outside, and the key was left in "the door to prevent her from making her escape. Her "mother's statement was that she had been confined for "eight years. The room was in a filthy state; and, "while I was conversing with her mother, J. raised her- "self in bed on her elbow, and appeared to know every "word we were saying. When her mother turned her "face towards the bed, she crept under the bed-clothes. "There were two pairs of blankets on the bed, but J. had "no shift on at the time I saw her. The room was "choke-full of lumber, such as barrels, old chairs, spin- "ning-wheels, horse-bridles hanging on the wall, and "all kinds of horse-graith, or harness, lying about the "room. I reported the case to my superintendent, and "stated that my opinion was, that it should be taken "notice of by the Procurator-Fiscal. I was told by some "of the neighbours that J. has made her escape out of "the room, and gone to several of the neighbouring "farms with nothing on her but the bed-clothes, and "that she could converse quite well. She told some of "them that she was smashed and kicked repeatedly by "her mother and sister. J. is of a low stature, and her "mother and sister are stout robust women. It was also "told me that they had often taken her from her room, "and tied her in the byre with a rope, allowing her as "much length of rope as to get round six of the cows, "giving her a pail, and compelling her to milk them all. "These statements can be proved by servants that were "in the house at the time."

Condition of the Insane not in Establishments.

Private Lunatics resident with Relatives or Strangers.

J. P., lives with his father and mother in a cot-house at B. Is 29 years of age, and has been insane since childhood. For the last two years he has been confined in a room 16 feet by 6, newly erected and very damp. At times he becomes very outrageous, and cannot be trusted at liberty. Never takes off his clothes.

E. M., residing at M., has been insane upwards of twenty years; and, during the greater part of this time, has been confined in a room in her brother's house. She was formerly occasionally violent, but is now shut up, apparently, to prevent her wandering.

A. D., residing at H., has been insane for four years; and, for fifteen months, was confined in a strait-waistcoat. Latterly, he has been quieter, and is now almost constantly in bed.

Harmless patients are often allowed to wander about at their will; but when any tendency to be dangerous shows itself, they are confined to the house. As no one can be spared to look constantly after them, they are locked up; or, if that is not sufficient, they are also mechanically restrained. In the present state of the law, there is a strong temptation to adopt this course, because, if the patient were arrested by the police as a dangerous lunatic, he would, in all probability, be sent to an asylum; and whatever funds he had be taken for his support. By keeping him locked up, therefore, these contingencies are avoided; and it is against the interests of the parochial authorities to make any inquiries into the mode of treatment, so long as no demand is made upon the parochial funds.

In illustration of these remarks, we quote the case of—

* A. L., an imbecile lad, of about 20, living with his parents at B——. Seen 22d February 1856. He has now been confined to the house for about a year, as he was showing symptoms of becoming mischievous, and his parents were afraid of his being arrested by the police. In other respects, he is cared for in the same manner as the rest of the family.

Condition of the Insane not in Establishments.

Private Lunatics resident with Relatives or Strangers.

As a case of suffering from poverty and ill-treatment, we give the following:—

* D. T., aged 22, seen 21st September 1855, an idiot. Resides with his parents, who have two other imbecile children, at C——, in Caithness-shire. When visited, he was sitting by the fire, almost naked. He was very much emaciated, and his head and legs were covered with a cutaneous eruption. His habits are very dirty, and he is frequently beaten with the view of correcting them. His appetite is great, but, it would appear, is generally very imperfectly satisfied.

Many cases similar to these have come under our observation, or been reported to us; but we have cited sufficient to show that the private insane, resident with relatives or strangers, are far from being cared for in a satisfactory way. No doubt, a large number of the cases included in the constabulary returns are treated with kindness and consideration; but, with the view of showing to what extent the reverse is the fact, we have extracted from them a list, both of private and pauper cases, sufficient to afford conclusive evidence of the existence of a vast amount of neglect and misery.

Appendix K.

In Appendix L. will be found special reports, by superintendents of police, of one or two private cases, to which we refer in corroboration of many of the remarks made in this section.

Summary.

Reviewing generally the facts now made known as to the condition of the insane and idiotic not in asylums, it is obvious that an appalling amount of misery prevails throughout Scotland in this respect.

There are no less than 3798 persons so situated, of whom 937 are placed with strangers, and 191 are not under the care of any one. Of those placed with strangers, as many as 489 are women. The pauper lunatics amount to 1998, many of whom should be placed in asylums; and who are left in their present circumstances from their condition being imperfectly reported to the Board of Supervision. It is a maxim with the Board that removal to an asylum cannot

be dispensed with in cases where restraint is necessary. "If there is any tendency to excitement," says their secretary, Mr. Walker, "or any necessity for restraint, "the Board of Supervision invariably require the patient "to be placed in an asylum or a poorhouse." But we have seen that, in many instances, this requirement is not observed.

Condition of the Insane not in Establishments.

Private Lunatics resident with Relatives or Strangers.

When estimating the condition of the insane not in establishments, it should be remembered that the details furnished by us give only an imperfect representation of the true state of matters. They form only a part of the picture of misery, and had we been able to extend our investigations, it would, we are convinced, have assumed a much darker shade. We possess little or no information as to the condition of those who have no one to take charge of them, and although the inhabitants of a district may generally show kindness to these unhappy persons, they doubtless are exposed to much suffering and privation, and occasionally end their days in a condition inconceivably wretched. In September 1854, the body of an old woman belonging to this class was found on a muir in the parish of Kiltarlity, Inverness-shire. She had evidently perished through weakness and debility.

Mode in which the Law is Administered.

MODE IN WHICH THE LAW IS ADMINISTERED.

Having at the commencement of this Report, stated generally the substance of the statutory provisions in force in Scotland, in reference to the insane, we now propose to treat of the manner in which the law is practically administered, with a view to the question, how far the abuses we have pointed out are owing to the defective administration of the present law, or may require new legislative enactments for their effectual remedy. For this purpose we shall consider its administration; first, in reference to the mode of placing patients either in asylums or under the care of private parties; secondly, as regards their condition while in asylums, or under the legal care of any individual; thirdly, as it concerns their discharge from asylums, either in consequence of recovery, or simply by way of removal from one house to another; and, finally, in reference to the steps which are taken in case of death.

In placing Patients under Treatment.

When an individual becomes insane, the measures that are adopted for placing him in an asylum are, to a certain extent, regulated by his position in life. If he is of independent means, his nearest relative takes whatever steps may be considered necessary; or, if he is a pauper, the inspector of the poor acts, or ought to act, on his behalf. Lastly, if he is dangerous, and without either friends, or a known parish of settlement, the Procurator-Fiscal, on behalf of the public, is charged with the duty of placing him under care.

Petition to Sheriff, Medical Certificates, and Warrants.

The first step, in all these cases, is to procure a medical certificate of insanity, which is obtained at the instance of one of the above parties; and upon it the warrant of the Sheriff is granted. But the statutes are, in this respect, so ambiguous, that it appears doubtful whether the signature of one medical man is sufficient to authorize the Sheriff to grant such warrant. The practice accordingly varies in different counties—some Sheriffs being satisfied with one medical certificate, whilst others require the certificates of two medical men, before granting license or warrant.

We subjoin the forms of petition, medical certificates,

and warrants, in use in the county of Edinburgh, where two medical certificates are required, and in that of Forfar, where one is sufficient, for procuring the admission of patients into the Royal Asylums of Edinburgh and Montrose:—

Mode in which the Law is Administered.

In placing Patients under Treatment.

Forms required.

EDINBURGH FORMS.

"*Petition to the Sheriff.*

"Unto the Honourable the Sheriff of the Shire of "Edinburgh, and his Substitutes,—The petition of A. B. "humbly showeth, that it appears from the following "medical certificate, that C. D., aged years, and the "petitioner's , is at present in a state of mental "derangement, and a proper object for confinement in "an asylum for the insane. May it therefore please "your Lordship to grant warrant to the managers of the "Royal Edinburgh Asylum, to receive and detain the "said C. D. in that Asylum. (Signed) A. B.
"Date.——

"*Medical Certificate.*

"This certificate must be signed by two duly-qualified "medical practitioners, who will please specify, after "their signatures, the place and year of their graduation "or license.

"We, E. F. and G. H. hereby solemnly declare, on "soul and conscience, that, from our own personal ob- "servation, and from the report of credible witnesses, we "believe the foresaid C. D. to be in such a state of "mental derangement as to be a proper object for admis- "sion into an asylum for the insane. (Signed) E. F.
"Date.—— G. H.

"*Warrant of Admission.*

"Edinburgh County Hall, 18 .—The "Sheriff of Edinburghshire, having considered the fore- "going petition and relative certificates, grants warrant "as craved." (Signed.)

FORFARSHIRE FORMS.

"*Petition to the Sheriff.*

"Unto the Hon. the Sheriff-Depute of Forfarshire, or

Mode in which the Law is Administered.

In placing Patients under Treatment.

Forms. required.

" his Substitute,—The petition of A. B. humbly showeth,
" that C. D., aged years, is at present in such a state
" of mental derangement as to require treatment in a
" lunatic asylum, which appears from the certificate
" herewith produced. But as, by the Statutes 55 Geo.
" III. cap. 69, and 9 Geo. IV. cap. 34, and 4 and 5
" Victoria, cap. 60, your Lordship's warrant for the re-
" ception of any person into a lunatic asylum is necessary.
" May it therefore please your Lordship to grant warrant
" to the officers or keepers of the Montrose Royal Lu-
" natic Asylum, to receive the said C. D., and your pe-
" titioners shall ever pray. (Signed) A. B.
" Date.—

" *Medical Certificate.*

" Date.—I, E. F., physician in Montrose, having this
" day examined C. D., resident in the town of Montrose,
" hereby certify, on soul and conscience, that, to the best
" of my knowledge and belief, C. D. is insane, and a pro-
" per patient for admission into the Montrose Royal Lu-
" natic Asylum; and I further certify that, to the best
" of my knowledge and belief, C. D. is not labouring
" under any such degree of bodily illness, infirmity, or
" old age, as to render any special watching or attend-
" ance for such illness, infirmity, or old age, necessary.
(Signed) E. F.

" *Warrant of Admission.*

" The Sheriff having considered the above petition,
" and the certificate under the hand of E. F., physician
" in Montrose, produced, grants warrant and authority to
" the officers or keepers of the Montrose Royal Lunatic
" Asylum to receive the person of the within designed
" C. D., in terms of the Statutes referred to in the pe-
" tition. (Signed) G. H. Sheriff.
" Date.——

Provided the medical man who grants the certificate possess the proper professional qualification, the law places no restrictions on him, either on account of his being related to the patient, or of his being in any way

Mode in which the Law is Administered.

In placing Patients under Treatment.

Forms required.

interested in the house to which the patient is committed. Accordingly, the certificates on which warrants are granted for placing patients in the licensed houses at Musselburgh, very frequently bear the signature of the ordinary medical attendant of the house. And, at the Royal Asylum at Glasgow, certificates for patients about to be placed in the Asylum, are occasionally signed by one of its medical officers. But in both of these cases, two signatures are required.

The Sheriff, however, occasionally exercises a discretionary power, and, particularly in the cases of licensed houses, refuses medical certificates signed by relatives, or by parties interested in the house to which the patient is sent. There is a great want of uniformity in the practice of different Sheriffs in these respects; but, practically, care is always taken not to grant warrant upon any signature not known to the Sheriff to be that of a respectable practitioner; and, where there is any doubt on this head, the certificate of the medical superintendent of the asylum, that the party is really insane, is also occasionally required. Indeed, the Sheriff of Dumfries, as a matter of course, requires the physician of the Crichton Institution to countersign the medical certificate brought by the patient, before granting his warrant, a precaution which frequently leads to the irregularity of the patient being received into the Asylum, and detained a few hours, without any warrant at all.

The practical working of the present system is so far satisfactory that, in the course of our visitations, we have not personally met with any case of a sane individual having been certified to be insane. One instance, however, was stated to us, of a person having been sent to a chartered asylum with the view of preventing a marriage, but who was almost immediately discharged by the medical superintendent. We were informed, besides, of one or two cases in which the delirium of typhus fever was mistaken for insanity, and the patients were placed in confinement; and also of the case of a female who was sent to an asylum for using violent language in a domestic altercation.

The certificate which is necessary for placing a single patient under the charge of a person, not a relative, or in

Mode in which the Law is Administered.

In placing Patients under Treatment.

Forms required.

what we have termed "Reported Houses," requires the signature of two medical men; but, as in the case of asylums and licensed houses, there is no restriction upon the persons signing it, in reference to their relationship to the patient, or to any interest in the house in which he is to be placed.

The warrant authorizing the reception of a patient, is granted by the Sheriff of the county in which the asylum where he is to be placed is situated; but there are many counties in Scotland in which there are no houses for the treatment of the insane; and, in such cases, medical certificates of insanity often constitute the sole authority under which the patient is conveyed from his own county to that where the asylum is situated. An additional medical certificate, from a resident practitioner, is sometimes required in the county to which the patient has been removed; but the Sheriff frequently grants warrant on the original certificates only. Occasionally, however, no medical certificate whatever is obtained previous to the removal of the patient, who is thus deprived of his liberty, removed from his home, and transferred to an asylum, without even the semblance of legal authority. In this way, all the insane of one county might be conveyed to another without the cognizance of the Sheriff from whose county they had been removed. Nor would the Sheriff, under whose care they were placed, necessarily be made aware that they did not originally belong to his own jurisdiction.

We have already stated that the Statutes are ambiguous, and the intention of the Legislature uncertain, as to the proper meaning of the term license, and that it is doubtful whether a formal license is required for a house, constituting it a licensed house, or whether the license attaches solely to the proprietor of the house, and is to be regarded simply as a permission to him to receive the patient. As the law is generally interpreted, the term license is applied to the document which authorizes the reception of a patient into a private house, and that of warrant to the document which is used when he is committed to a public asylum. But in practice, the term warrant is also frequently employed when the patient is placed in a licensed house. There is, however,

this essential difference between a warrant and a license, that the former is sufficient to authorize the detention of the patient during the whole period of his illness, whereas the latter requires to be annually renewed.

Mode in which the Law is Administered.

In placing Patients under Treatment.

The Statute makes no provision whatever for the inspection of houses previous to their being occupied as licensed houses or asylums. The Sheriff of the county may, and occasionally does, order such an inspection before he grants licenses for the reception of patients; but, in doing so, he acts on his own discretion, and not in obedience to any instructions contained in the Act; and, in the majority of cases, the fitness of the house, for its intended purpose, is not ascertained. The evils which spring from the omission of more precise directions as to the granting of licenses are very great; for, under the present system, not only are they frequently conceded to individuals who have had no previous experience in the treatment of the insane, and who are destitute of the capital necessary to enable them to provide satisfactorily for the comfort of those committed to their care; but the premises occupied by them are often very inadequately furnished, and quite unfit for the accommodation and proper treatment of insane patients.

Forms required.

Throughout Scotland licenses are granted with too great facility; but, in Midlothian, this is especially the case. In that county, the usual course appears to be as follows:—The individual desirous of opening a licensed house, makes application to the Sheriff for permission to receive insane patients. This permission, it appears, is granted almost as a matter of course; and, when a patient offers, the license for his reception is obtained without the house having been previously visited by any official authority.

In Lanarkshire, which is the only other county in which licensed houses exist to any extent, more care is taken to insure the proper treatment of the patients; and, in that county, an inspection of the house is generally made by the Sheriff before permission is given to receive them.

On the establishment of schools for idiots, the Sheriffs of Forfarshire and Midlothian, in which counties they are situated, called upon their directors to take out

Mode in which the Law is Administered.

In placing Patients under Treatment.

Forms required.

licenses for the children. The effect of this regulation has proved injurious to the success of these institutions, by tending to deter parents from placing their children in establishments which are thus associated with madhouses. In stating this, we would not be understood as expressing any opinion on the point, whether such licenses are legally necessary; but, if these institutions were restricted to the reception of persons under age, they would more properly rank with schools for the education of youth than with asylums; and, in this light, the propriety of licenses might be questionable.

Charge for Warrants.

The charge for warrants to send patients to public asylums is limited to the fee of two shillings and sixpence to the Sheriff-clerk, which is paid by the person sending the patient. But the practice followed in exacting it, varies in the different counties. In Dumfries, Elgin, Forfar, and Perth, it is not charged; in Midlothian, it is charged for private patients, and not for paupers; in Aberdeen and Lanarkshire it is paid by both pauper and private patients.

Charge for Licenses.

The charge for licenses varies in the different counties, according to the discretion of the Sheriff, being generally greater for private patients than for paupers, but it cannot legally exceed ten shillings and sixpence for each patient, exclusive of a fee of two shillings and sixpence to the Sheriff-clerk. Nevertheless, we found that for patients in the asylum of Saughtonhall the charge has till very lately been a guinea. The actual charges in the different counties, for warrants and licenses, are given in Appendix H., No. I. The sums thus collected, the amount of which for a period of five years is given in Appendix H., No. II., are paid to the collector of the rogue-money of the county, subject to deduction of the expenses of carrying the Acts into execution.

The enactment that the Sheriff shall transmit accounts of all expenses thus incurred, and of all monies received for licenses and penalties, to the Commissioners of Supply; and also a copy of such accounts, with a report of all that shall have been done in carrying the Act into execution, to the President of the Royal College of Physicians in Edinburgh, and also to the Clerk of the

High Court of Justiciary in Edinburgh, is very imperfectly attended to. Some Sheriffs altogether neglect this duty, while others perform it very irregularly. Mode in which the Law is Administered.

The law provides that any excess of expenditure attending the execution of the Acts, over and above the sums received from licenses, shall be chargeable to the rogue-money of the respective counties. Generally, the expenses so chargeable have been very small. In a few counties, as in Aberdeen and Midlothian, the sums obtained for licenses have proved sufficient to defray the expenses; but, in most of the others, they are insufficient, and the Sheriffs of Lanark and Buteshire complain of the difficulty of obtaining the consent of the Commissioners of Supply to the necessary assessment. There seems no reason to doubt, however, that the Sheriff has the matter in his own hands, and can compel the counties to assess themselves for this purpose. In placing Patients under Treatment.

According to the present law, the expenses attending the execution of the Acts fall in a great measure upon patients placed in licensed houses; as, beyond the fee to the Sheriff-clerk, no payment for this purpose is exacted from those placed in chartered asylums.

When the warrant is granted to the friends of the patient, it is generally placed for execution in the hands of attendants belonging to the asylum; but in the case of a pauper or dangerous lunatic, the patient is usually conveyed to the asylum by a parish-officer or constable. Execution of Warrant.

Many pauper patients are brought from great distances, and as they are seldom sent from Highland parishes until they have become violent and dangerous, they frequently arrive at the asylums bound with ropes, and in a state of great discomfort and pain. In some cases, to which we shall immediately allude, the most serious evils, and even loss of life, have occurred.

Very frequently, especially when they come from distant counties, female pauper patients are sent to asylums under the sole charge of an inspector or constable.

There is one licensed house, the medical attendants of which have sanctioned the use of chloroform in some cases, for the purpose of quietly removing patients to the

Mode in which the Law is Administered.

In placing Patients under Treatment.

asylum. It is obvious that too great care cannot be taken, especially in the case of female patients, to guard against the abuse of such a practice.

In order fully to exhaust this department of the subject, it now becomes necessary to direct attention to the administration of the law with reference to special classes of lunatics.

Pauper Lunatics.

The Statutes provide that every pauper lunatic shall be sent to a public hospital or asylum, unless the Sheriff shall be of opinion that, in the special circumstances of the case, it is more expedient to place him in a licensed house.

The result of this provision, if carried into effect, would be to place all pauper lunatics, unless in exceptional cases, in public asylums. But, in practice, the enactment is entirely disregarded, and pauper patients are sent to public asylums or licensed houses, just as suits the convenience of the parties interested, the Sheriff usually granting the warrant in either case, as a matter of course. It is the common practice, too, when a pauper becomes insane in a county in which there is no asylum or licensed house, for the inspector of the poor to remove him to any other county, in which such asylum or licensed house exists, without any warrant from the Sheriff of his own county for that purpose.

The Act directs that the lunatic shall be conveyed to an adjoining county; but it frequently happens that there is no asylum in the adjoining county, and it becomes necessary to transmit the patients to distant localities. Thus, the patients from Orkney are generally sent to the Royal Asylum at Edinburgh ; and many belonging to Inverness, Sutherland, and Argyle are sent to the Asylums of Glasgow and Edinburgh, and the licensed houses in Musselburgh.

Their removal thither is often effected in a most harsh and cruel manner, and the consequent injury and suffering to the patients are so great, as of themselves to afford a strong reason for the establishment of local asylums. Our information in this department of our inquiry has necessarily been in a great measure acquired from the statements of the witnesses who appeared before us, and from communications otherwise made

to us in the course of our investigations. The extent of the evil will best be shown by the following details, principally taken from the evidence of the witnesses, and the annual reports of the chartered asylums.

Mode in which the Law is Administered.

In placing Patients under Treatment.

In adverting to the condition of patients received from the West Highlands at Gartnavel, Dr. M'Intosh says—"They generally arrive bound, and I have seen the "flesh cut;" and Dr. Skae, in reference to those received at Morningside, tells us that—"All patients coming from "the North are generally in a hopeless state," and that "almost all the male patients from North Leith have "their hands tied behind their backs, when they arrive "at Morningside." "The patients from the northern "counties," he further says, "are generally bound with "canvas, or with ropes, on their arrival, and I have fre-"quently seen ulcerations produced by the ropes."

Transport of Patients. Appendix M. p. 461. p. 420. p. 434.

In confirmation of these remarks we may observe, that when visiting the asylum at Hillend, we saw a patient, who, previously to admission, had been so tightly secured by ropes, that their pressure produced a circular slough or mortification of the flesh, on the upper part of the arm, so deep as to cause partial paralysis of the limb.

A similar case is detailed in the last report of the Perth Asylum. "Patients," it is there said, "have been "brought to us tied hand and foot. One young woman, "who was perfectly quiet and affable on admission, had "been tightly strapped to a window-shutter for several "days prior thereto. Her wrists, fingers, and ankles "were œdematous, and covered with unhealthy ulcera-"tions; and she has since lost the use of a finger by "suppuration into, and disorganization of, the joint, "induced by pressure of the ropes with which she was "bound."

The report of the Montrose Asylum for 1855 contains similar statements: "Several cases, as formerly," it tells us, "have been brought to the house, under "restraint, all of which have had their liberty granted at "once, without difficulty or danger. One of them, a "married female, deserves notice. A strong piece of "wood was inserted bit-wise between the teeth, and "firmly secured by a strong cord tied behind the neck. "The reason assigned was that the patient had severely

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"bitten her tongue. The instrument of torture was at "once removed, with great relief to the sufferer. On "its removal, both angles of the mouth were ascertained "to be in a state of ulceration, from the pressure of the "wood, and the tongue presented a fetid and sloughing "mass, to the depth of an inch. The patient was in so "anaemic and exhausted a condition as to render re- "covery almost hopeless. She has, however, done well. "She still labours under a certain degree of mental "depression, and some impediment of speech, from the "loss of so large a portion of the 'unruly member.'"

In the last report of the Morningside Asylum, Dr. Skae, referring to patients brought from northern and remote districts, enumerates the following cases of maltreatment:—"One of the patients thus forwarded was a "soldier, who was paralytic and imbecile, yet his hands "and feet were ironed, his hands being ironed behind "his back. Another, who had his hands ironed behind "his back, was perfectly stupid; and a third, who bore "this painful and unnecessary treatment manfully during "a long voyage from the North of Scotland, complained "only, and that bitterly, of the disgrace of being led "through the streets of Edinburgh in this humiliating "state. He was to all appearance perfectly quiet and "harmless, and has continued so since his admission."

In addition to these cases, we have been informed that, in February 1856, a patient who was on a steamer on his way to the Morningside Asylum, eluded his attendant, leapt overboard, and was drowned. In the following month, a feeble woman, brought to the same asylum from a prison in Orkney, made the voyage with twelve ribs broken from ill usage therein. Another female, referred to by Dr. Scott in his evidence, was brought to Musselburgh from Selkirk, with a fracture of the neck of the thigh-bone.

Appendix M. p. 276.

Many other instances, of a similar nature, might, beyond a doubt, have been brought to light by further inquiry. The foregoing, however, most of which are recent, and have casually come under our notice, may prove sufficient to draw attention to the gross cruelties that are still inflicted on patients by persons removing them to asylums for the professed object of special care and humane medical treatment.

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It is very evident, on a review of the cases we have quoted, that the restraint used was not only generally unnecessary, but, in every instance, from its excess, cruel and indefensible. It will be observed, that even paralytic patients who, on this very account, are the most harmless and helpless, have been shackled; and that, in other cases, the severity of the coercion has caused mortification of the flesh. One species of restraint, which seems very common, namely, that of securing the hands of the patient behind the back for a long period, occasions excruciating pains in the arms and shoulders, in addition to the chafing and obstructed circulation caused by the ligatures on the wrists.

Grievous evils are inflicted by the adoption of these modes of restraint, not only from the direct suffering produced by the instruments pressing on and ulcerating the flesh, but also by rousing antagonistic feelings in the patient's mind. Moreover, the permanent and disfiguring marks, thus occasioned, preserve the memory of the indignities to which he has been subjected, when helpless and afflicted, and so prove a source of unhappiness to him throughout the remainder of his life.

Such proceedings are characteristic of the still prevalent error, that safe custody rather than judicious care is what is needful for the insane; but we need scarcely say that they are totally at variance with the approved principles of modern treatment.

The steps adopted in removing a patient to an asylum are, we fear, too often calculated to excite a degree of terror in the mind of the sufferer, who naturally offers resistance, or attempts to escape; and it is evident that the evils herewith connected are not of a mere temporary nature, for a permanent effect is produced on the mind of the patient, which is calculated to retard recovery by exciting feelings of distrust and opposition. Very much, then, depends on the demeanour of the attendants who are entrusted to convey the patient to the asylum. The treatment of the case, it should be remembered, begins from the moment the patient is taken from home; for his conceptions of the place to which he is being conveyed, must, in a very great degree, depend upon the steps adopted towards him in his removal. He naturally

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forms a favourable or unfavourable impression of the treatment that awaits him from these proceedings, and such measures as those above stated, are certainly far from being calculated to produce a feeling that it will be characterized by kindness and gentleness.

In further illustration of the total disregard of the well-being of patients occasionally manifested by those having charge of them, we may here refer to Sir A. Alison's evidence for details of two cases that were abandoned in the streets of Glasgow, for the evident purpose of getting rid of the burden of their maintenance, though they do not strictly belong to the same category as those we are now considering. Two or three additional cases, of a similar nature, have been reported to us, but we have not been furnished with precise details.

In general, the Sheriff has no cognizance of the places beyond his own county to which lunatics are sent, unless in the cases of dangerous lunatics, in reference to whom evidence has been taken before him. It then becomes his duty to name the asylum or licensed house to which they shall be sent. But, in the case of an ordinary pauper lunatic, the inspector of the parish, as representing the parochial board, generally acts upon his own responsibility, and fixes on any asylum he may choose. Sometimes, the person in charge of the lunatic leaves home with general instructions to leave the patient in any asylum where accommodation can be found.

Owing to the facility with which licenses are granted in Midlothian, and the number of private asylums which have in consequence been established in that county, considerable competition has sprung up to obtain patients. Circulars have been sent by the proprietors to the inspectors of poor, offering to receive patients at reduced rates; and the more recently established houses strive, by naming lower terms than those charged by their older rivals, to secure a share of the cases. The result has been, that many inspectors, looking only to the immediate question of expense, have sent their patients to distant licensed houses without ever having visited them; or, in some cases, without having even made any inquiry as to the manner in which they are conducted. Sometimes the inspector himself takes the patient to the

asylum, but more frequently he sends him under the charge of an inferior parish-officer. Arrived at the asylum, the medical attendant of the house adds, if required, his certificate to that already granted by the parochial surgeon; and then, in some counties, almost as a matter of course, the Sheriff grants license, and the patient is placed in the house.

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The distance of an asylum from the pauper's home is a great evil, and not only prevents the inspection of the house before the patient is placed there, but is also frequently a barrier to any visit being afterwards made by the parochial authorities, for the purpose of inquiring into the treatment pursued. By law, parish-officers are not obliged to visit any paupers resident above five miles beyond the boundary of their own parish, and hence they do not consider it incumbent upon them to visit distant asylums. There are exceptions, doubtless, but in general they trust entirely to the house being licensed, and, as such, under the inspection of the Sheriff; and they appear to confide in him to see that it is properly conducted, and the patients humanely treated.

In sending pauper lunatics to distant asylums, the feelings of their relatives, and the effect upon the patients of entire separation from their friends, appear to be entirely disregarded; and, virtually, a pauper patient sent from Argyle or Inverness-shire to Musselburgh, may be considered as far removed from the possibility of receiving visits from relatives as if he had been sent out of the country. It is true, that the inspectors, in some districts, are under the necessity, from want of near accommodation, of sending pauper patients to a distance; but there are cases where, with the superior accommodation afforded by a public asylum close at hand, every other consideration is sacrificed to that of economy, and the patients are sent to distant licensed houses. One of the most striking cases of this kind is afforded by the parish of Perth; but it will be better to postpone our remarks on the treatment of the patients belonging to this parish, until we come to consider the removal of the insane from one house to another.

The Statutes enact, that when any lunatic shall have

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Dangerous Lunatics.

been apprehended in a state threatening danger to the lieges, it shall be lawful for the Sheriff to commit such lunatic to some place of safe custody, to examine into his condition, and to send him, if found insane, to an asylum or licensed house within his own jurisdiction; or, in case there is no asylum or licensed house within his jurisdiction, then to any asylum or licensed house in some adjoining county willing to receive him.

All insane persons against whom such proceedings are taken, are technically termed "dangerous lunatics."

In several of the counties, no proper record is kept of such lunatics, so that the returns of their numbers which we have received from the Sheriff-clerks, are confessedly imperfect. In general, indeed, after commitment of the lunatic to an asylum, no further cognizance is taken of him by the authorities, and it is only from the records kept in the asylums that any information as to his after history can be obtained.

The primary object of the above provision, is solely the protection of the public; for the due care and treatment of the patient, is not only entirely disregarded, but positive injury is frequently done to him by the mode in which the law is carried out. The place of safe custody to which dangerous lunatics are, in the first instance, committed, is generally the prison of the county. The returns in Appendix I, show the numbers that have been committed in the different counties of Scotland, since the passing of the Act in 1841. These numbers vary remarkably, and not in a manner to be expected from the difference of population. Thus, while for Inverness-shire, they amount to 52, for the more populous county of Aberdeen they are only 6.

This anomaly does not proceed from the proportion of insane persons who are dangerous being in reality so much smaller in Aberdeen, but from a difference in the mode of procedure. As a general rule, dangerous lunatics belong to the lower ranks of the people, and, if not already actually paupers, are so little above poverty, that by their illness they are speedily reduced to that condition. Hence, it is evident that, sooner or later, the inspector of the poor must interfere. Sometimes the Procurator-Fiscal, desirous to avoid unnecessary ex-

pense, gives notice to the inspector of his intention to take measures for the commitment of the lunatic, should he remain longer at large. Very generally the latter functionary acts upon the suggestion thus made, as his doing so keeps the lunatic more under his own control, as to the place of detention and the cost of maintenance; and in this way the class of insane now under consideration, are, in some counties, almost entirely treated as ordinary patients, and, with few exceptions, escape being classified as dangerous lunatics.

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The extent to which this practice prevails, depends, in a considerable degree, on the views taken by the inspectors and Procurators-Fiscal. Sometimes, the former are negligent, and sometimes, from a desire, if possible, to avoid the expense of placing the patient in an asylum, they postpone taking any steps until the Procurator-Fiscal can no longer delay acting on the complaints that have been made to him. In the northern counties, almost all the patients sent to asylums are removed at the instance of the Procurator-Fiscal.

In sending insane persons from one county to another, the fact that they have been originally committed as dangerous lunatics is frequently concealed or entirely lost sight of; and they are thus placed in asylums or licensed houses as ordinary patients. This arises, as has been already pointed out, from the friends of the patient, or the inspector of the poor, making application for warrants to the Sheriff of the county to which they have been removed, as in ordinary cases, and not to the Sheriff of the county from which they have been removed, who would be cognizant of the nature of the insanity from the official proceedings. The warrant is generally granted as a matter of course, as no inquiry is made into the antecedents of the patient.

In some counties, as in Bute and Lanarkshire, the Sheriff, we have been informed, refuses to grant warrant for placing dangerous lunatics in any but chartered asylums; but although this may be a general rule, it is not always acted upon, for we found such patients placed indiscriminately in public asylums, licensed houses, and poorhouses, even in those counties in which it is professed always to send them to public asylums.

Mode in which the Law is Administered.

In Reference to Patients in Asylums.

Inspection by Sheriff.

IN REFERENCE TO PATIENTS IN ASYLUMS.

We now proceed to inquire into the efficiency of the legal measures for ensuring the proper treatment of the insane in lunatic establishments. In this part of our inquiry we shall be under the necessity of repeating some portion of what has been said when treating of the law of lunacy. We have there stated that, under the authority of the Statutes, the duty of seeing that the insane placed in public and private asylums are properly treated, devolves upon the Sheriff. He, or his Substitute, is required to visit them at least twice a year; but he may inspect, or order inspection, as often as he thinks proper. In requiring inspection, the Statutes have in view, first, to ascertain that no person is improperly detained; and, secondly, to insure the proper treatment of those in asylums. But the Sheriff, not being supposed to possess the professional knowledge necessary to enable him to decide upon the sanity or insanity of the persons detained, nor to be cognizant of the proper method of treating cases of insanity, is provided with professional advisers, under the name of medical inspectors, who are appointed in terms of law previously stated, and who accompany him on his visits.

The duties of the Sheriff and medical inspectors, as visitors of asylums, are, from their very nature, left in a great degree to themselves to determine—their general object being to ensure the proper management of the house, and the proper treatment of the patients. For this purpose, the Sheriff is empowered to make such rules and regulations for licensed houses, as he may think proper, which shall receive effect as soon as they are approved of by the Lords Commissioners of Justiciary. But in the case of the chartered asylums he has no such power of interference; his authority in reference to them being limited to making suggestions, or, if these are not acted upon, to refusing to grant warrants for the admission of new patients. There is, however, no instance of this power of refusal having been exercised. We know of only one case in which regulations for the management of licensed

houses, were issued by the Sheriff, namely, those which were drawn up by the late Mr. Speirs, Sheriff of Midlothian, for the regulation of houses licensed by himself in that county. But these, without having been formally withdrawn, appear to have fallen into desuetude; and although containing most useful and important regulations, they are not now practically acted upon. The visitations of the Sheriff and medical inspectors have, as we have seen, proved quite ineffectual for securing patients against gross neglect, and most improper treatment—especially in licensed houses. Their visits are not sufficiently frequent, nor, when made, sufficiently searching, to be of much practical utility. Besides which, from taking place at tolerably regular periods, they are of course expected by the proprietors.

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In Reference to Patients in Asylums.

Inspection by Sheriff.

It is an additional evil, that the medical inspectors hold no permanent appointment; their services are requested simply for the day of visitation, and their functions end with their visit. In Midlothian, the Sheriff always secures the attendance of the same medical inspector; but, in Lanarkshire, four inspectors are appointed by the Faculty of Physicians and Surgeons, and accompany the Sheriff in rotation, so that no inspector has, for a considerable time, the opportunity of seeing whether any suggestions he may have made on previous visits, have been carried into effect. In all the other counties, the Sheriff appoints any medical man he chooses to accompany him; but the physician selected has no connexion with the asylums in the intervals between the visits, and might even be refused admittance, were he to present himself simply on his own authority.

At Perth, Dr. Malcom, the physician of the Royal Asylum, accompanies the Sheriff as medical inspector of his own hospital. This is evidently most improper and absurd, as the very object of the visit is to act as a check on Dr. Malcom himself. Equally incorrect is the practice pursued at Dumfries, where the Sheriff is never accompanied, in his visits to the asylum, by any medical man, except Dr. Browne, the resident medical officer. A similar practice obtains also at Elgin, where one of the visiting physicians accompanies the Sheriff. With the

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In Reference to Patients in Asylums.

Inspection by Sheriff.

above exceptions, the Sheriff is always accompanied by properly-appointed medical inspectors in his visits to public asylums and licensed houses. Generally, the visits are regularly made at least twice a year, in accordance with the Statutes; but, in the case of poorhouses, even those receiving patients under license, we have occasionally found them entirely neglected.

To enable the Sheriff and medical inspectors the better to fulfil their functions as visitors, it is enacted that certain books shall be kept in licensed houses, which shall be submitted to their inspection. The first of these is the register of restraint, or, as it is frequently called, the admission book, which embraces the very stringent regulations that are enacted with reference to the use of restraint. But, notwithstanding the stringency of the enactments, in most of the licensed houses no such book is kept; and, where kept, the entries are so imperfectly made, as to deprive it of any title to be considered as a register of restraint. In no licensed house in Midlothian, have we found this register; nor have we ever met with any reports or observations, by the medical inspectors, in any book, in any of the licensed houses of that county.

In the licensed houses of the Western districts, the admission-book is generally kept in the imperfect manner just noticed, and is signed by the Sheriff and medical inspectors. On the occasion of their visits, they usually append some few remarks, as to the condition of the house. These reports are, however, generally of a vague character, and seldom contain any recommendations or suggestions for improving the condition of the patients.

A reference to the description of Hillend asylum, near Greenock, in the Appendix, and to Mr. Thomson's evidence, will at once show how little reliance can be placed upon such inspections for securing the proper treatment of the patients. We can only account for the general expressions of satisfaction in the entries made by the Sheriffs and inspectors in the registers, on the supposition that they are not aware of the proper standard by which such houses should be tried.

Besides the admission-book, two other records are

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In Reference to Patients in Asylums.

Inspection by Sheriff.

required to be kept in licensed houses. One is the weekly register. In it, the resident or visiting medical attendant, is required to report the condition of the house, and the state of health of the patients, according to the form given on page 16.

The Statutes direct this register to be regularly laid before the inspectors, who are required to sign the same in testimony of its production.

We have generally found that the register is produced; but, in most cases, it is so imperfectly kept as to be of no value whatever as a record of treatment, containing merely a list of names ranged under the respective heads of "curable" and "incurable" men and women. For instance, in the licensed house of Lilybank, at Musselburgh, where mechanical restraint is constantly employed, the columns for entering cases of restraint are altogether omitted; and, in this state, the register has been signed, at each visit, without comment by the medical inspector.

The third book is entitled the "Madhouse Register," which the law directs to be kept in licensed houses according to the Schedule on page 17; but, as its object is merely to preserve a register of the names of the patients, together with the date of their admission, and the form and result of the malady, it affords to the inspector no means of ascertaining in what manner the patients are treated. This register is directed to be transmitted to the Sheriff-clerk of the county, in which the licensed house is situated, before the 5th day of January in every year, but we have found that this enactment, especially in the case of licensed poorhouses, is frequently neglected. Generally speaking, the statutory records in licensed houses are very imperfectly kept, and in almost all they are of no value whatever, so far as the purpose of indicating the nature of the treatment afforded to the patients is concerned.

As none of the records kept in the licensed houses in Midlothian, contained any observations or suggestions by the medical inspector, we called for copies of the three last reports made by him to the Sheriff. They are framed in general terms, and although occasionally remarking on the crowded state of the houses, express, on the whole,

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Inspection by Sheriff.

satisfaction with their condition. Appended to the report of June 1854 is the following statement:—"On this, as on many former occasions of visits of inspection, the impression left as to the treatment, management, and accommodation of the insane in this county, is of a decidedly favourable character, an improvement in all these respects being very marked within the short space of a few years." And at the end of the report of November 1855, which is the latest in our possession, Dr. Renton says, "This visit of inspection in the county has impressed me favourably with the condition of the patients, and with the general management and economy of the asylums." We, at the same time, called for copies of any similar reports, made by other medical inspectors to the Sheriffs of other counties, in which were asylums or licensed houses; but we found no uniformity in the practice of keeping them to exist, and that in several counties only verbal reports are made.

It is proper to add that the Statutes do not make it imperative that any such reports should be made either in writing or verbally.

The provisions made by the Statutes for the keeping of records, are applicable only to licensed houses, the law trusting the details of management of public asylums to the bodies incorporated under their respective charters.

Visits by Justices.

The law provides that the Justices of the Peace of every county in Scotland may nominate three of their number to visit and inspect any private madhouses in the county, and report on their condition to the Quarter Sessions. In one instance only has any such nomination been made; but even in this case no functions were exercised.

Visits by Ministers.

The permission to the minister of the parish, wherein any licensed house is situated, to visit it with the consent of the Sheriff, seems to have been intended for the purpose of affording spiritual consolation to the patients; but it is seldom if ever taken advantage of,—an omission, which is the more to be regretted, as no proper provision is made for the religious wants of pauper patients in these houses.

It thus appears that the only statutory inspections of asylums and licensed houses in Scotland are the half-yearly

visits of the Sheriff, which, as already stated, are quite inadequate to secure the proper treatment of the patients. Although permission is given to the Justices to inspect the asylums, no further functions are accorded to them, and, thus, it is of little moment that they have not availed themselves of a permission with which no power to redress abuses is associated.

Mode in which the Law is Administered.

In Reference to Patients in Asylums.

There still remains for consideration the influence which the visits of relatives, and of the inspectors of poor, may be supposed to have in securing the proper treatment of the patients. As neither of these parties possesses any legal right of interference, the only influence they can exercise is that of the fear of the removal of the patients in case of dissatisfaction. With regard to private patients, this motive has, probably, a certain influence in insuring proper treatment; but partly from apathy on the part of relatives, and partly from their ignorance of what constitutes proper treatment, it cannot with certainty be relied upon. In illustration, we have only to instance the two patients in Hillend asylum, mentioned on page 105. With regard to the visits by inspectors, we have seen that, as a general rule, they are very seldom made. But even when made by inspectors really desirous to investigate the condition of their patients, impediments are thrown in their way for acquiring a knowledge of the true state of matters, and they are detained until both the patients and their rooms have been prepared for the visit. Thus, Mr. Kirkwood, the inspector of Govan parish, says, in speaking of his visits to Hillend:—"We were not allowed to "go into the general wards. Our patients were brought "to us. . . . Part of them, I think, were brought to "Mr. Thomson's office, and the others I saw in one of "the day-rooms. They had had, perhaps, an hour to "put them right." Referring to another occasion, Mr. Kirkwood says,—"We were put into Thomson's office, "and remained there until the patients were ready to "be shown to us. We were not looking over books; "we were simply waiting, and we waited for half an "hour perhaps."

Visits by Relatives and Inspectors of Poor.

Appendix M. p. 475.

p. 476.

The legal measures for securing the proper treatment

Reported Houses.

Mode in which the Law is Administered.

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of single patients in reported houses, are limited to requiring the transmission of an annual certificate to the Sheriff, from two medical men, stating the condition of the patient. It is doubtful whether the Statutes confer upon the Sheriffs the power of visitation in such cases; but, be this as it may, it is comparatively seldom exercised.

The duty of seeing to the proper treatment of criminal lunatics belongs to the General Board of Prisons, and we have already considered this portion of the subject, when treating of the condition of the insane in prisons.

IN REFERENCE TO THE REMOVAL AND DISCHARGE OF PATIENTS.

Pauper Lunatics.

The person by whom the patient has been placed in the asylum, and who is responsible for the payments, alone possesses the power to remove him before recovery; which he may do in opposition to the opinion of the medical superintendent. The question in whom this power of removal before recovery is vested, appears to have been mooted more frequently in reference to pauper, than to private patients, in consequence of relatives seeking to remove their friends who have been placed in asylums by the inspector of the poor. The medical superintendents of chartered asylums, and the proprietors of licensed houses, are in the habit of refusing every application of this kind, in reference to pauper patients, which is not made by the inspector himself. Some inspectors consider it beyond their duty to sanction the removal of a patient, even by relatives who undertake to provide for him, unless a certificate of recovery be granted by the medical officers of the asylum, or the parochial board instruct him to give the desired permission. Other inspectors, however, adopt a different view, and allow patients to be removed by relatives. On this head, Dr. Skae gives the following evidence:—"I can't say what "the law is, as to relatives removing pauper patients. "Practically speaking, it seems as if the power lay with "the inspectors. I invariably refuse to allow the friends "to remove a patient without the authority of the in- "spectors; the inspectors may refuse to give any autho-

Appendix M. p. 429.

" rity beyond saying, that I may discharge the party if, " in my opinion, he is fit to go. My invariable an- " swer to the relatives is, that, in my opinion, the patient " is not fit to go, and that unless the inspector gives " authority to remove him, contrary to my opinion, I " cannot allow him to go. In some cases, the inspectors " have written that they have no power to prevent re- " latives from removing patients, and authorizing them " to be handed over; in that case, I have given them " up."

Mode in which the Law is Administered.

In Reference to the Removal and Discharge of Patients.

Pauper Lunatics.

But it is a frequent custom of inspectors themselves, to remove patients, even against the most strongly expressed opinion of the medical officer of the asylum. In so doing, they act on their own responsibility, or on that of their parochial boards, and independently of any authority derived from either the Sheriff or Board of Supervision.

In this way large numbers of patients, including many of very dangerous character, have been removed from the chartered asylums to licensed houses, poorhouses, or their own homes. The motive for removal is solely that of economy. The evils that thus arise are manifold, involving not only harm to the patients themselves, but great risk of injury to those with whom they are associated. Instances of the former evil are mentioned repeatedly in the Appendix, but the case involving the greatest amount of misery to the patients, which has come under our notice, is that connected with the removal of those in the Perth Asylum to Musselburgh.

All the Perth pauper lunatics were, with one or two exceptions, in Murray's Royal Asylum at Perth, when circulars from Mr. Aikenhead, of Musselburgh, showed the parochial board, that a certain saving might be effected by removing them to his establishment. Accordingly, an inferior parish-officer was sent to Musselburgh to inspect Aikenhead's house; and, upon his report, the immediate removal of the patients was determined upon, and at once carried into effect. On 15th May 1855, thirty-seven patients belonging to the parish of Perth had, within one year, been sent to Musselburgh, of whom twenty-seven were removed from the Perth Asylum. These patients were clearly removed

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In Reference to the Removal and Discharge of Patients.

Pauper Lunatics.

in opposition to the intentions of the statutes. And, moreover, they were transferred without the cognizance of the Sheriff of Perth, and even without the knowledge of their relatives, many of whom first heard of their removal when applying at the Perth Asylum to see their friends. Moreover, the Board of Supervision would only be cognizant of the fact of the patients' removal from the Asylum, upon the receipt of the half-yearly returns, and would thus be virtually powerless to prevent it. Besides, the chances are that nothing would occur specially to call the attention of the Board to such removals.

Appendix M. p. 341.

Indeed, this is what actually happened. "I am not "aware," says Mr. Walker, the Secretary of the Board, "of several patients having been, in the course of last "winter, brought from the Royal Asylum at Perth, and "lodged in a private licensed house in Musselburgh. "If such a removal took place, it must have been in the "returns, but they are very voluminous, and my attention was not called to such a circumstance. We "act on the assumption that the Sheriff does his duty "in not putting lunatics into an improper house. But "it is possible that these persons may have been removed from a good asylum to a very bad one, without "the Board of Supervision knowing anything about it."

p. 282.

Speaking of the condition of these patients when removed, Dr. Malcom says,—"They were in good bodily "health at that time; their removal was solely a matter "of expense." We have already shown that sickness and a high rate of mortality rapidly ensued among them after their removal to Musselburgh. Mr. Croll, the inspector, fully admits that the step was taken solely to save expense, and candidly states the manner in

p 445.

which he "tumbled them away." He gives the following account of his mode of inspecting their condition in Mr. Aikenhead's house:—

p. 447.

"I have been twice at Aikenhead's with the chair-"man. The lunatics are as well clothed as when they "were in Murray's. . . . . I could not say whether they "had flannels last winter at Aikenhead's. I did not ex-"amine them, nor ask as to their clothing. They said "the food was as good as they used to get. They had "porridge, tea, coffee, and broth. I wanted to sup

" some of it, but it was all done. . . . . One was hand- Mode in which the Law is
" cuffed, W., I think, was his name. I don't know if he Administered.
" was handcuffed in Murray's Asylum. He absconded
" and came to Perth, and they came and took him back ; In Reference to the Discharge of Patients in Asylums.
" they handcuffed him, I suppose, to prevent him from
" running away. . . . . We did not look at their bed- Pauper Lunatics.
" ding ; that was a neglect. . . . . I did not ask where
" they washed themselves, or what they had to wash in.
" I did not see whether they had any day-rooms to sit
" in. They would go into their bed-rooms when they
" came from walking in the yards. I did not see what
" they had to sit on,—that should have been looked to.
" I did not see any fires. . . . . I could not be certain
" he did not keep two or three in one bed ; it was wrong
" not to inquire into that."

Mr. Croll appears to have placed his patients at Musselburgh without having given the addresses of their relatives, and they have thus, we fear, sickened and died, unknown to their friends. Even he, as inspector, never seems to have been informed of their sickness.

" I don't recollect," he says, " getting word of any Appendix M., p. 446.
" sick patients." The notice of death seems to have
preceded the funeral by a very short time : " I get a p. 447.
" letter to-day, perhaps, telling me they are to be buried
" to-morrow : that is generally the way." Mr. Croll was evidently ignorant of the mode in which the funerals were conducted, and was not aware that some of the bodies were *carted* to the churchyard, attended only by the keeper and undertaker.

The evidence in respect to the circumstances attending the removal of the pauper patients from Perth, and their subsequent condition at Musselburgh, is strongly corroborative of the opinion expressed by Sir A. Alison, that " economy is the great thing parochial boards look p. 377.
to." " I don't think," he says, " they almost ever look to
" any thing else; " and this view is confirmed by the following testimony, given principally in relation to these
patients : " Parochial boards," says Dr. Renton, " would p. 417.
" send their patients to a cheap house, even if one a little
" dearer were better in every respect. . . . . Economy,
" in fact, is their chief object."

Speaking of the condition of the Perth patients at p. 278.

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In Reference to the Removal and Discharge of Patients.

Pauper Lunatics.

Lilybank, Mr. Laurie, the medical officer of the house, says, "I should have wished more clothing, but under "the circumstances it was impossible, because the sums "paid for maintenance would not admit of it. . . . . As "to the bedding, I have examined it; it might be im- "proved. Some beds had sufficient, others had not."

Appendix M. p. 281.

As regards the want of fires and sufficient accommodation in the same house, Mr. A. Sanderson says, "Indeed, "fires hardly appeared necessary, from the crowded state "of the patients." Again, Mr. H. Sanderson, in speaking of Lilybank, and other Musselburgh houses, says,

p. 285.

"Unless there were a good many patients, they would "not pay at all, there is no doubt of that; if a sufficient "amount of space were given, I don't think it would

p. 288.

"pay. . . . If more space were allowed the patients "and more attendants it would not pay." Alluding to the regulations of Sheriff Speirs, which have reference to the amount of accommodation and number of attendants, he further says, "They could not be carried out in the

p. 296.

"present state of things; unquestionably it would be "for the benefit of the patients that they were carried out." And he adds, "The parishes try, in general, to "get the payments as low as possible, without caring "one farthing how the patients are taken care of."

Taking all these circumstances into consideration, we are of opinion that the removal of the paupers from Murray's Royal Asylum at Perth, into the licensed house of Mr. Aikenhead at Musselburgh, was effected without the slightest regard to the wellbeing of the patients, or the feelings of their relatives, and was disgraceful to the authorities who sanctioned the proceeding.

Placed, as they were, near their homes, in a public institution, well situated in spacious grounds; living in commodious rooms, well warmed and furnished, and having all requisite conveniences; provided with ample diet, clothing, bedding, and medical care and treatment, they were suddenly removed to a distance from their relatives, and placed in a small house standing in a low and confined situation, provided with little or no means of exercise, and, from its size, altogether incapable of properly accommodating them, or affording them a fair chance of recovery. They were crowded

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together day and night, in small rooms, imperfectly warmed and ventilated, and almost entirely without seats or tables, and wanting the ordinary conveniences of life. Their clothing and bedding were insufficient; and we have great reason to fear that they were stinted in food. Sickness, with a consequent high rate of mortality ensued; and, during illness, and after death, little or no regard seems to have been paid to the feelings of their relatives or friends.

The state of the Perth patients at Lilybank, at the time of our visit, several months after their removal to the house, was decidedly bad; yet we are forced to the conclusion that, on their arrival, and for a considerable period afterwards, their condition was infinitely worse. Indeed, there can be but little doubt that, as regards bedding and furniture, means of cooking and serving the meals, the necessary household conveniences, suitable arrangements for the sick, and the ordinary comforts of life, they were, during this period, in a most deplorable state.

It is to be feared that the admission of these patients from Perth into the Musselburgh asylum is not a solitary instance of disregard of the wellbeing of pauper lunatics. Considering the eagerness manifested by proprietors of licensed houses to obtain an increased number of patients, and that generally the number is subject to no limitation by the terms of the license, it is obvious that not only must much inconvenience and discomfort to the patients result from overcrowding, but also serious injury to their prospects of recovery. Indeed, we have had reason to believe that, from the effects of neglect and parsimony, pauper patients in licensed houses have been at times worse dealt with than even those who were seen by us.

Facts like these now stated should always be borne in mind when endeavouring to form an estimate of the condition of an asylum from one visitation only. The means of accommodation may appear sufficient for the number of patients found in the house at the time of inspection, but would be altogether insufficient if a large or even moderate addition to the inmates were to take place; and where no limitation of numbers is fixed by the

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license, it is difficult to set bounds to the extent to which the cupidity of the proprietor would not induce him to overcrowd his establishment, in total disregard of the comfort and wellbeing of the patients entrusted to his care.

In corroboration of these remarks, we may state that the licensed houses of Hillend and Lilybank, although greatly overcrowded when seen by us, had previously contained a much larger number of inmates. At Lilybank, the diminution of patients was mainly owing to the high rate of mortality which had occurred a short time before our visit; and at Hillend, to the removal of the Greenock paupers to the poorhouse of that town.

The Board of Supervision in their First Report, adopt the principle, laid down by the Legislature in the Lunacy Statutes, that all pauper lunatics ought to be placed in public asylums rather than in licensed houses; but, in the Fifth Report, it is stated that the Board have no power to determine the place to which they shall be sent. This view is evidently founded on the 59th clause of the Poor-law Amendment Act, which states that insane or fatuous paupers shall "be conveyed to, and lodged in, an asylum "or establishment, legally authorized to receive lunatic patients." The fixing of the house, in the opinion of the Board, rests entirely with the Sheriff, who may require that any lunatic, for whom he grants a warrant, shall be placed in a public asylum, and not in a private house. From this it would appear, that the Board of Supervision exercise no control over parochial bodies as to whether pauper lunatics shall be placed in public or private asylums; and, however much they may disapprove of the removal of patients from public asylums to private houses, they, on their own showing, can take no measures to prevent it. We do not presume to offer an opinion as to whether the Board of Supervision are right in taking this view of their duty, but, assuming this to be the case, it is clear that under the present Statutes it is scarcely possible for any single Sheriff to introduce an improved mode of procedure, as the effect of any measures he might adopt, would be limited to his own county. Thus, supposing that he were to refuse to grant warrants for the confinement of pauper lunatics, except in public asylums,

very little advantage would accrue, so long as it was in the power of inspectors, without his knowledge or consent, to transfer their lunatics to any other county, where the Sheriff had made less stringent rules for their protection. Were the Sheriff of Argyleshire, for instance, to grant warrant for a lunatic belonging to his county to be placed in an asylum in Lanarkshire, he would still fail in securing his remaining there, so long as the parochial inspector could remove him, without application to the Sheriff of either county.

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The Board of Supervision seem also to be without any efficient power to prevent inspectors removing patients from asylums altogether, and placing them with relatives or strangers. "I once complained," says Dr. Skae, "to the Board of Supervision, of the removal of "unrecovered patients by inspectors. They said they "had no power to prevent it, but that they had power "to order them in again if they were not fit to be at "large." We shall immediately quote an instance of the deplorable results ensuing from this practice, but shall first cite one or two additional examples of the manner in which mischief is done, by patients being removed from the chartered asylums to licensed houses and poorhouses. The first refers to two patients in Mr. Scott's house at Musselburgh. Both patients, one a male, and the other a female, were persons who had received a good education, and had moved in respectable society; and by the change they were not only deprived of the advantages offered by the chartered asylums, but were placed in circumstances and with associates calculated to act most injuriously upon them. A second instance is that of H. S., a pauper patient of the parish of Lochgoilhead, who was for four years in the Glasgow Asylum, where he was always accounted a very dangerous person. In August 1855, he was removed by the inspector of poor, who was particularly warned of the danger of the step, and placed by him in the poorhouse of Greenock, without conveying any intimation of the warning which he had himself received. Before long, this patient killed one of the other inmates. H. S. was in consequence, removed to the lunatic wards of the Perth Prison; and the practical result is, that his parish is exempt from all further expense on his account.

Appendix M. p. 430.

Mode in which the Law is Administered.

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Pauper Lunatics.

Appendix M. p. 386.

In the following case the evils of entrusting inspectors with the power of liberating patients, are lamentably shown. It is mentioned by Dr. Malcom in his evidence, and is that of "an idiot, from a neighbouring "parish, who was at one time in Murray's Asylum. He "was taken out by the inspector of poor, in order to "put in another patient. He wandered to Aberdeen, "and was taken up by the authorities, and placed in the "Asylum there. The inspector again interfered, and "sent him to board with some poor cottager. One day, "while walking on the road, he seized a child by the "legs, and dashed its brains out against a tree." Dr. Skae, in alluding to a case which was removed by an inspector against his written opinion, says—"This pa-"tient was put to live with her father and mother, "very aged people. The father is out all day at work; "the mother is left in the house alone, and I think she "is exposed to extreme peril. The patient is epileptic. "The chances are in favour of the old woman being "murdered."

p. 429.

Dangerous Lunatics.

The Statutes require that a dangerous lunatic, meaning by this term a lunatic who has been found to be dangerous by judicial process, shall be kept till cured, or till caution be found for his safe custody; but there is no statutory provision that any intimation shall be made to the Sheriff upon his discharge or recovery. Consequently, lunatics that are thus placed in confinement by judicial procedure, are frequently dismissed on the sole responsibility of the medical superintendent of the asylum. In some cases, however, as in Midlothian and Lanarkshire, when a patient has been placed in the asylum, at the instance of the Procurator-Fiscal, the warrant bears that he shall not be dismissed without the sanction of the Sheriff, which in such cases is generally granted only on a certificate of recovery by the medical superintendent.

In Midlothian this regulation, though salutary in some respects, appears to act oppressively in others. It is apt to draw too strong a line of demarcation between cases which differ in no essential respects; for, as we have seen, it is frequently the merest accident which determines whether a lunatic patient shall be placed in an

asylum at the instance of the Procurator-Fiscal, or of the inspector of poor. In lunacy it is impossible to fix any absolute procedure without great risk of committing injustice, and cases have accordingly been reported to us, in which it was alleged that this regulation had been adhered to with unnecessary strictness. As an instance, was stated the case of a lad sent to the Edinburgh Royal Asylum by the Procurator-Fiscal. The Midlothian parish, which, in the first instance, was liable for the patient's maintenance, claimed relief from the parish of Aberdeen, which, in its turn, proved a settlement in the parish of Old Machar. Both of these parishes, we were informed by their inspectors, made application at different times to the Sheriff of Edinburgh for permission to remove the patient to the Royal Asylum of Aberdeen, offering security for the safe custody of the patient; but the Sheriff refused to allow him to be taken out of his jurisdiction. A somewhat similar case will be presently noticed, when speaking of the procedure adopted in reference to English and Irish pauper lunatics.

Mode in which the Law is Administered.

In Reference to the Removal and Discharge of Patients.

Dangerous Lunatics.

In some counties, the medical officer, though not required by the terms of the warrant to give intimation to the Sheriff before the discharge of a dangerous lunatic, does so for his own satisfaction; and in others, again, such cases are discharged precisely in the same manner as ordinary patients.

Alien Lunatics

From the fact that no special provision is made in the statutes for the disposal of foreign pauper lunatics, who have acquired no settlement in Scotland, the practice pursued regarding them varies according to the views of the parochial authorities of the place in which they were living at the time of their attack, and of those of the Sheriff in whose jurisdiction they happened then to be. Almost all such paupers are natives of England and Ireland, and hence the following remarks are applicable almost exclusively to them.

In dealing with English and Irish lunatic paupers who have acquired no settlement in Scotland, three courses appear open to parochial authorities.

1. To deal with them as lunatic paupers, who have acquired a settlement in the parish.

2. To consider them as ordinary paupers, and as such

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Alien Lunatics.

to transport them to their own country, under the provisions of the Poor-law Amendment Act.

3. To send them home on the sole responsibility of the parochial board.

All three courses are adopted in practice, and that which is chosen depends on the particular views held by the parochial and legal authorities, who are called upon to act.

The course followed is found also to vary in the same parish at different times—a result mostly due to the varying character of the lunacy.

As Scotch parishes are understood in practice to have no legal claim upon English or Irish parochial authorities, for repayment of any expenses incurred on account of pauper lunatics belonging to England or Ireland, they can be relieved of the burden of their maintenance only by transmitting them home, or by effecting their restoration to health. The former course, as most immediately effective, is very generally followed by parochial authorities. But, for legally carrying it into execution, it is necessary to obtain the warrant, either of the Sheriff of the county, or of two Justices of the Peace; and here some practical difficulty frequently occurs, generally arising from the unwillingness or refusal of the Sheriff to grant his warrant for removal. In Midlothian, it is the practice of the Sheriff to refuse his warrant in all such cases; and they would thus, in that county, remain permanent burdens on the parishes in which they were living at the time of their attack, if the difficulty were not overcome by the inspector applying to the Justices of the Peace, who generally consider it compatible with their duty to grant the necessary warrants for removal.

Should the lunatic, however, have been placed in an asylum at the instance of the Procurator-Fiscal, as the Sheriff's warrant then becomes necessary for his liberation, he cannot be removed from the asylum by the inspector, nor, consequently, be sent to the country of his birth on a mere Justices' warrant. A case of this kind is at present in the Edinburgh Royal Asylum. The patient, an Irishman, was arrested by the county police in the parish of Stow, and placed in the Asylum, at the instance of the Procurator-Fiscal. The birth-place of the lunatic in

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Alien Lunatics

Ireland is not only known, but his father even came over to Scotland, willing and anxious to remove him home. But it being understood, from previous practice, that the warrant of the Sheriff for his liberation could not be obtained, no application was made for it, and the patient remains in the Asylum at the expense of the parish.

This deviation from the ordinary procedure is altogether due to the accident of the patient having been placed in confinement by the Procurator-Fiscal, instead of by the inspector of poor, who might just as readily have acted.

The cases that are sent home, whether on Sheriff's or Justices' warrant, are handed over to the English or Irish Poor-law authorities; but there is generally a great unwillingness, if not positive refusal, on their part to receive them. The following details show the manner of disposal of alien lunatics in several of the largest parishes:—

Since 1st January 1850, the City parish, Edinburgh, has removed twenty-five English and Irish lunatics to their homes, (irrespectively of wives and families,) all upon Justices' warrants; and four have been permanently detained in asylums.

During the same period, seven cases have been sent home by the parish of South Leith, also upon Justices' warrants; and two have been placed in asylums, where they still remain.

From the parish of St. Cuthbert's, three cases have been removed to the country of their birth, during the same period, upon Justices' warrants; and two have been placed in the Royal Asylum. The inspector of St. Cuthbert's, however, states that, in consequence of an opinion recently given by the Lord Advocate, that pauper alien lunatics are not at present legally removable, he would not now feel himself warranted in removing any pauper of this class; and that it is in consequence of this opinion that one of the two cases placed in the Royal Asylum has been detained. The place of birth of the other was unknown.

In Lanarkshire and Renfrewshire, no case seems ever to be removed without the warrant of the Sheriff, and when this cannot be obtained, the patient is treated as a pauper of the parish in which he was resident at the time of his attack.

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Alien Lunatics.

In Glasgow parish, the usual practice is to place the lunatic, in the first instance, in an asylum; and, should it afterwards appear desirable to remove him to his own country, application is made to the Sheriff for a warrant for that purpose. In this way, since 1st January 1850, seven English and Irish lunatic paupers have been removed, while twenty-seven have been retained in the Royal Asylum at Gartnavel, or in the city poorhouse, and maintained at the expense of the parish.

In the parish of Govan, eight English and Irish lunatics became chargeable during the same period. Of these, one was immediately removed home. The remaining seven were placed for some time in asylums, but were all ultimately sent home, except one, who was dismissed cured.

The practice in the Abbey parish, Paisley, is, in the first instance, to place the patients in the lunatic wards of the poorhouse; and, after a time, to remove them home, if there is no apparent prospect of recovery. Accordingly, since 1st January 1850, three patients have been removed and handed over to poor-law authorities in England or Ireland, and five patients have been permanently retained in the poorhouse.

In Forfarshire, the general practice is to remove the cases to their own countries, under warrant of Justices of the Peace, or occasionally under that of the Sheriff. Since 1st January 1850, eleven cases have been removed by the parochial board of Dundee—nine under Justices' warrant, and two under that of the Sheriff; and handed over, generally to parish authorities, but, in three instances, to relatives. During the same period, only two cases have been retained and placed in asylums.

As a general rule, the English and Irish authorities to whom the patients are taken, do not absolutely refuse to take charge of them; but the following instances show that occasionally a refusal is experienced, and that at other times considerable difficulties have to be overcome before they consent:—

An Irish pauper was maintained in Gartnavel Asylum, by the parish of Govan, from 27th May to 20th Aug. 1850, when a warrant of removal was obtained, and the patient taken to Derry by the inspector and a removing-officer. He was first offered to the police, who refused

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to take charge of him; and then to the officers of the Union, who likewise refused him. Upon this, the inspector attended at the Magistrates' Court, and offered to depone to the patient's insanity and dangerous character; but the Bench refused to listen, on the ground that he had committed no criminal act since being in Ireland. The inspector explained that this was owing to the patient being under the care of his officer; but the Bench still refused to interfere, and told the inspector that his warrant expired on landing the lunatic in Ireland. The patient was accordingly released. In a few hours he committed an assault on his brother-in-law, and was then apprehended by the police, and lodged in the district asylum, where he was maintained till he died.

In another case, which was removed from Greenock to Dublin, the guardians of the poor of this city refused to take charge of the lunatic, and directed the officer to hand him over to the police authorities, who, however, likewise objected to take charge of him. The officer, after a great deal of trouble with both parties, at last told the presiding magistrate that he had no alternative but to liberate the lunatic in his presence, whereupon the police took him into custody. In another case, removed from Paisley to Belfast, the authorities were very reluctant to receive the patient, who was nevertheless left with them. Difficulties of a similar nature were experienced by the inspector of St. Cuthbert's parish, in the case of a lunatic removed by himself to London.

A case in which a patient was liberated, from the difficulty experienced in prevailing on any authority to receive him, occurred with a lunatic who was removed from Ayr to Caernarvon by the inspector of poor, on his own responsibility, without any warrant. Neither the parish nor police authorities of Caernarvon would have anything to do with the patient, and the officer in charge was about to convey him back to Ayr, when he was advised by the superintendent of police to take him to his mother's house, and there leave him. This he accordingly did, and nothing more was heard of the case. This patient, and the one just mentioned as having been removed to Dublin, are the only cases of actual libera-

Mode in which the Law is Administered.

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Alien Lunatics. Appendix M. p. 433.

tion which have been reported to us; but we have reason to think that their occurrence is not uncommon, as the following case mentioned by Dr. Skae would also seem to indicate. It is that of an English lunatic, "who was "twice sent by the parish of South Leith to Sunder- "land. They had discovered that was the place of his "birth, or at least that a person bearing the same name "was born there 40 years before. They got an order "from a Justice of the Peace, and took him to Sunder- "land. The workhouse inspector there said,—'He is "'not my pauper; you have no proof that he is the man "'you say he is;' and he flung the papers over the gate, "and refused to have anything to do with him. On both "occasions he had to beg his way back here."

The Ayr case is the only instance which has come to our knowledge of an inspector removing a patient on his own authority; but we consider it not improbable that more extended inquiries would lead to the discovery of similar cases.

It is one of the anomalies of the present system, that whereas English and Irish pauper lunatics are frequently sent home from Scotland to the countries of their birth, it very rarely happens that Scotch lunatic paupers are received back from England or Ireland. Only two cases of this kind have been reported to us; the first is that of a young woman who was removed by the Carlisle authorities to Dumfries, and was placed, by the parochial board of that parish, in the Southern Counties' Asylum. The second is that of a male lunatic who was removed from an asylum in England, to South Leith, as his parish of birth. The inspector of the City parish, Edinburgh, however, states that similar cases have been sent to him, but he has furnished us with no particulars.

We have had reported to us two cases of insane soldiers, who were sent home to their parishes in Scotland, under charge of corporals, one to Paisley, and the other to Dysart; but these cases do not belong to the category which we are now considering.

We have already stated that Scotch parishes are not supposed to have any legal claim upon English or Irish parishes for reimbursement of the expenses incurred for the maintenance of pauper lunatics belonging to them; and

from claims being scarcely ever made on Scotch parishes for the support of Scotch pauper lunatics in England or Ireland, it would appear that the absence of any means of obtaining relief is considered to be reciprocal. We have met with only one case, reported to us by the inspector of Ayr, that seems an exception to this rule, which, moreover, has this peculiar feature, that it is an English pauper, having a Scotch settlement, continuing to receive relief from Scotland after his return to England. It is that of a lunatic, apparently a native of Hexham, who had established a claim both on Maybole and Ayr, by carrying on business in both places for a period exceeding three years, prior to the passing of the Poor-law Amendment Act. On becoming insane, he was taken home to Hexham, and placed with his relatives; and died in 1853, having, by decision of the Sheriff, been in receipt of parochial relief from the two Scotch parishes jointly, since 1836, though upon what principle we are not aware.

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It appears from these details that great uncertainty prevails as to the disposal of foreign pauper lunatics.

Ordinary patients when recovered are usually discharged on the sole authority of the medical superintendent of the chartered asylums, and on that of the medical attendant and proprietor of licensed houses. In regard to poor-houses, the parochial boards make such regulations as they please. Notice of recovery is given to the friends, or to the inspectors, who are required to take the necessary steps for removing the patients. Care is generally taken to hand them over to the charge of a relative or of the inspector of the poor. It is one of the chief duties of the Sheriff to take care that no patient is detained after recovery, and we think it is right to add that we ourselves have met with no instance of undue detention.

Discharge on Recovery.

IN REFERENCE TO THE DEATH OF PATIENTS.

On the death of a patient in a public asylum, no notice of the event is given, or is required to be given to the Sheriff, who is thus left without any clue as to

In Public Asylums.

Mode in which the Law is Administered.

In Reference to the Death of Patients.

the fate of the individuals for whom he has granted warrant to be placed in it. They may have died, have been removed in a state of insanity, or been discharged recovered; but he has no means of knowing the fact.

In Licensed Houses and Poorhouses.

The Statutes provide that intimation of every death, taking place in a licensed house, shall without delay be made to the Sheriff. With reference to private asylums this appears generally to be done, but in licensed poorhouses it is frequently omitted. There is, however, no adequate check to secure the reporting of deaths by the proprietors of licensed houses, and we found in the course of our inquiries, that of the 18 deaths which occurred in the winter of 1854-55, in the house kept by Mr. Aikenhead at Musselburgh, three were not reported to the Sheriff.

Deaths from Accident or Suicide.

Appendix M. p. 493.

In the event of death from accident or suicide, proper provision is not made for due inquiry into the circumstances. In licensed houses and poorhouses, such cases are reported to the Sheriff, in common with deaths from other causes, but the Procurator-Fiscal is not in general sent to investigate them. There is no legal provision for ensuring even the reporting of deaths from such causes, in the chartered asylums.

In Reported Houses.

It is enacted, that on the death of patients in reported houses, notice shall be immediately given to the Sheriff; but we have not met with a single instance in which this has been done; so that either no patient has ever died in a reported house, or else the provisions of the Statute are altogether neglected.

It is evident from the foregoing statements, that some of the most salutary provisions of the law are either neglected or evaded in many respects. Yet we have reason to believe that no penalties have ever been inflicted under any of the Lunacy Acts.

Recapitulation and Suggestions for Future Legislation.

RECAPITULATION AND SUGGESTIONS FOR FUTURE LEGISLATION.

Nature of Insanity.

Before proceeding to recapitulate some of the more important facts which have been detailed at length in the preceding portions of this Report, as showing the necessity for further legislation, we think it right to make some brief remarks on the nature of insanity, with the view of indicating the means required for its successful treatment. For this purpose, it will be sufficient to give a short account of the general features of the malady, and more especially of those which characterize it as an affliction requiring special provision for its treatment.

The symptoms of insanity are manifold, but are all attributable to perverted action of the brain, which impairs the judgment of the patient, and deprives him alike of the power to appreciate correctly the phenomena of the external world, and of the faculty to recognise, in their true complexion, the workings of his own mind. His moral nature is, at the same time, subverted, and his power of self-control lost; and the assistance and guidance of others thus become necessary for his welfare.

The most common manifestations of insanity are displayed in the opposite mental conditions of excitement and depression, marked on the one hand by restlessness or irritability, and on the other, by apathy or despondency. In both states, the bodily functions are more or less disturbed; and, as a general rule, the circulation is feeble, the digestion impaired, and the general standard of health materially lowered.

Mental derangement differs from ordinary bodily ailment in this respect, that the patients can rarely be convinced that they are labouring under disease; and being themselves persuaded that they are in perfect health, they are naturally reluctant to submit to curative treatment. Sometimes, however, a patient affected with insanity, is conscious of his abnormal condition; but even

Recapitulation and Suggestions for Future Legislation.

Treatment of Insanity.

then, he is without the judgment necessary to enable him to adopt the proper remedial measures. It thus becomes a moral obligation on those who recognise the workings of disease in the conduct of the patient, to place him under control, which is most beneficially and effectually exercised by persons fitted, by education and experience, to undertake such delicate and responsible duties. The patient is accordingly sent to an asylum, where, by judicious mental discipline, and attention to the improvement of his bodily functions, his recovery becomes extremely probable, if the treatment be undertaken at an early period of the malady. Statistical researches clearly show that insanity is among the most curable of severe maladies. But for this end early treatment is absolutely necessary. According to the experience of well-conducted asylums, the probability of recovery in cases received within three months of the commencement of the first attack, is as four to one, and where there is no serious complication of bodily disease, is even as high as nine to one. But so much is timely treatment essential to success, that where more than twelve months have elapsed since the commencement of the disease, the probability of recovery falls to one in four. Hence, with every month that is allowed to elapse before the patient is placed under treatment, his chances of recovery are greatly diminished.*

Influence of Asylums.

The first beneficial influence of asylums is due in a considerable degree to change, and the consequent novelty in the patient's position. He is removed to new scenes, and placed in circumstances likely to break the chain of morbid thought. Special establishments, and certain legal powers are necessary for his treatment, for he could not otherwise be subjected to that control which his diseased mind would reject as unnecessary. Indeed, judicious guidance, with proper regimen, is frequently all that is wanted for insuring recovery. This is seen most unmistakably in those cases that have arisen from over-indulgence in intoxicating liquors. Here, while control checks the detrimental indulgence, the physical treat-

* In the Grand Duchy of Baden, the Government is so convinced of the importance of early care, that it offers indigent patients gratuitous treatment for six months in the asylum of Illenau, provided they are sent in at the commencement of the disease.

ment improves the tone of the system, and quickly restores the normal action of the brain.

Recapitulation and Suggestions for Future Legislation.

Constitution of Asylums.

Buildings for the insane should be so situated as to afford the patients the benefits of retirement and repose, combined with a pleasant prospect, a salubrious locality, and the advantages of a town within easy distance. Their structure should be light and cheerful, and calculated to inspire feelings of hope and confidence. The internal arrangements should be such as to promote a judicious separation and association of the inmates. The rooms should be spacious and pleasing, well warmed and ventilated, and suitably furnished, and the night accommodation should be such as to favour perfect rest and sleep. The grounds should be varied, and of sufficient extent to afford abundant opportunities for exercise and out-door occupation. On the one hand, all means calculated to expend superfluous energy by exercise and occupation, should be provided; and, on the other, all necessary agents should be supplied to soothe the irritable, cheer the depressed, and encourage the helpless. Every arrangement should also be made, by providing objects of interest, to attract and fix the attention of the patients, and in this way, to check morbid trains of thought, and develop the power of self-control. The accommodation should be equal, if not superior, to that to which the patient has previously been accustomed. Books, periodicals, and other means of occupation and recreation within doors, should be liberally supplied.

The bodily functions should be carefully watched, and the diet should be generous, the clothing warm, and due attention be paid to cleanliness of person. Mechanical restraint should not be employed, and the liberty of the patient should be restricted as little as possible.

Prompt treatment in establishments constructed and organized on these principles, is followed by the most beneficial results, and even those chronic cases in which the prospect of cure is small, are invariably improved, and approximated to a state of sanity, when placed in circumstances such as we have described.

We have previously shown that the number of patients placed in asylums, diminishes with the increase

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Constitution of Asylums.

of distance from asylum accommodation; and we have seen that in remote counties, the general rule is to dispense with removal, so long as the patients are manageable at home. The unavoidable conclusion is, that in Scotland, asylums do not fulfil, to the extent of which they are capable, their purpose of curative institutions. We likewise took occasion to show that large asylums are less conducive to the welfare of the patients, than those of moderate size. The former show a smaller proportion of recoveries, and a greater proportional mortality, than the latter. At the same time, large establishments do not appear to offer any counterbalancing advantages to the rate-payers, from being more economically conducted. On the contrary, the advantage in this respect also, seems to belong to the smaller houses.

For these reasons, we would prefer moderate-sized and economically-constructed asylums, placed in convenient localities throughout the country, to large central establishments. We are convinced that this course would prove advantageous to ratepayers as well as to patients; for if we are correct in our assumption that three-fourths of the patients who are submitted to early treatment recover, of whom the greater proportion would continue insane if left uncared for, it is self-evident that true economy would counsel placing them at once in asylums.

Such asylums as we propose might be constructed much more economically than has hitherto been the practice. In a well-conducted house, where the nervous energy of the patients is expended in exercise and judicious occupations, there is no necessity for the special and expensive arrangements that characterize the older establishments.

A patient is not necessarily a maniac, breaking and destroying everything around him; on the contrary, the number of such cases becomes, under skilful and humane treatment, comparatively very small.

We have no data whereby to determine the exact proportion of cases allowed by neglect to pass into hopeless insanity; but we have already adduced evidence sufficient to show that, under present circumstances, it

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Purpose of Asylums.

must be very considerable. Without maintaining that every neglected case might have been restored to sanity by early treatment, and without assuming that it is necessary to send every case of lunacy to an asylum, we are yet confident that the evils resulting from the omission of asylum treatment in Scotland are very great. Indeed, with the poor, removal will almost invariably prove a benefit, for poverty and its concomitants are evil influences which, in their homes, it is almost impossible to neutralize.

Asylums in addition to the important object of curative treatment, fulfil two other purposes; namely, that of a retreat for the incurable insane, and that of a place of safety for patients who are considered dangerous to themselves or the public. Even when the hope of recovery has almost or altogether passed away, asylums still fulfil the important purpose of providing fitting accommodation for the sufferers. But the fact that a patient has been for years afflicted with insanity cannot be permitted to stamp him as certainly incurable; for we have instances of restoration to reason after the lapse of more than twenty years of mental derangement. There are certain cases, indeed, such as those in whose brains structural alterations have taken place, where recovery is utterly hopeless; and many such patients, as well as congenital idiots, may with propriety be placed in institutions conducted in a manner less expensive than is rendered necessary by the object of a curative institution. Still, we must remember, that there are many insane who, though their recovery is hopeless, are nevertheless capable of making themselves useful, and of deriving enjoyment from existence. At all events, their heavy lot may be alleviated by kind and judicious treatment. The mere fact of their being considered incurable is no sufficient reason for removing them from the care of those who are skilled in the treatment of insanity. Though at times they may be quiet and manageable, at others, they become excited, noisy, and troublesome, and require special and judicious care. It is therefore a mistake to suppose that confinement in the wards of a poorhouse will, as a matter of course, meet the requirements of such cases.

The last purpose which asylums fulfil, namely, the

Recapitulation and Suggestions for future Legislation.

protection of the public, and of the patient himself, from the consequences of his insane acts, is still very frequently the only one which is considered important. Hence, patients, provided they are not so violent, or of such dirty habits, as to render their detention at home impossible, are too often neglected, and left to drift into hopeless insanity.

Oinomaniacs.

There is one form of insanity, namely, that which results from, or is connected with, over-indulgence in intoxicating liquors, which demands some special observations. During the course of our investigations, we have frequently observed the difficulties that attend the treatment of such cases. The first which occurs, is the question whether the patient can be considered and treated as a lunatic. Mr. Hunter, Sheriff of Dumbarton and Bute, is of opinion that oinomaniacs are not cognizable under the Statutes, and this view is held by various other authorities, both legal and medical. But in cases where the opposite view is acted upon, and the patient is placed in an asylum, his speedy restoration to sanity, as soon as the stimulus is withdrawn, becomes a source of great embarrassment. For, with recovery, the legal power of detention is lost; and the patient is accordingly set at liberty before his system has become habituated to the withdrawal of the stimulants. Consequently, he again gives way to intoxication; in all likelihood impoverishes himself and his family, and not improbably ends his career by committing murder or suicide. In the evidence which was given before us, various suggestions are made to meet this crying evil, but they all resolve themselves into the recommendation to deprive the patient of his liberty for a period sufficiently long to allow the system to accommodate itself to the want of stimulants, and thus to enable the patient to resist the morbid craving which their withdrawal produces. There is no doubt that the evil is one of great magnitude in Scotland, and more especially, perhaps, in the western districts. Of 559 cases, admitted in the years 1853 and 1854 into the Glasgow Asylum, 110 were traced to intemperance. Of 448 cases admitted into the Edinburgh Asylum in the same years, 58 were ascribed to the same cause. The number of cases due to in-

Appendix M. p. 454.

temperance, may, however, have been considerably greater in both institutions, as during the above period 87 cases were admitted into the Glasgow Asylum, and 112 into that of Edinburgh, in which the cause of the malady was unknown. Any measures, however, that may be adopted to meet this evil, should be as simple and uncomplicated as possible, in order to insure their being carried into effect, not only in the cases of individuals possessed of pecuniary means, but also of those belonging to the lower ranks of the people. The necessity of the case has, in the meantime, led to the establishment of particular houses, in some of which patients are received at their own request, while in others they are placed by the r friends, and illegally detained by force. Miss Wotherspoon's house for females, belongs to the former class; as does also an establishment for men, in Skye, the chief advantage of which seems to be remoteness from any house where intoxicating liquors can be procured. As places where such patients are detained against their will, may be mentioned a private house at Trinity, near Edinburgh, and the House of Refuge, in that city.

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Oinomaniacs.

From a consideration of the above facts, it appears to us highly important that some plan should be devised whereby a degree of authority might be legally retained over such cases, allowing, at the same time, a certain amount of freedom. Such a check might, we think, be exercised, in a very salutary manner, by first placing them in asylums, and then allowing them to leave on probation, which should terminate at a fixed period, or be subsequently extended, as might be deemed advisable. The warrant remaining in force, the patient could be at once re-admitted, should it prove necessary, without fresh certificates. A patient placed under this modified restraint would, we conceive, be in a favourable position, also as respects treatment; for, whilst exposed to temptation, the power of again placing him under restraint, thus impending over him, would act as a salutary check, by strengthening his self-control, and weakening, and perhaps permanently destroying, the morbid propensity. In this way a cure might ultimately be effected.

The precautions that are adopted for securing the

Administration of Property.

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Administration of Property of Lunatics.

proper administration of the affairs of insane persons, are fully detailed in the evidence given by the Accountant of the Court of Session. It appears to us that they might be beneficially extended, to embrace the care of the affairs of insane persons placed by will under the guardianship of trustees, of whose proceedings no cognizance is at present taken by the law. Cases have been reported to us, where good grounds existed for believing that insane persons, who were entitled to considerable funds, were, nevertheless, placed in asylums at low rates of payment, and deprived of advantages which they were capable of appreciating, in order that the funds might be saved, or accumulations formed, for the benefit of the next heirs, who were occasionally themselves the trustees acting under the will. The case alluded to by Dr. M'Intosh, as having been removed from the Dundee to the Perth Asylum, owing to the directors of the former institution raising the rate of maintenance from fifteen shillings a week to a guinea and a half, appears to be one of this kind. We ascertained that the patient was possessed of funds yielding an average annual income of £124, or more than three times the amount of the rate paid.

Appendix M. p. 467.

It appears to us desirable that where the responsibility of the proper administration of the affairs of a lunatic is confided to a public officer, such as the Accountant of the Court of Session, some control over the person and place of residence of the lunatic should also be entrusted to him; in so far that his sanction should be necessary for placing the patient in any particular house, or before removing him out of the kingdom beyond the jurisdiction of the Court.

We likewise think it desirable that some regulation should be framed, for rendering more precise the medical certificates of mental incapacity on which judicial factors are appointed.

In order to ascertain the practical working of the "Act 12 and 13 Vict., cap. 51, for the better protec-"tion of the property of pupils, absent persons, and "persons under mental incapacity in Scotland," as regards the last class of persons, we obtained from the Accountant of the Court a return showing the names

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and residences of all lunatics and fatuous persons, alive at the period of the return, who had been placed under curators, from the date of the institution of the office of Accountant of the Court, on 28th July 1849, down to 14th May 1855; the names and dates of appointment of the curators; the manner of their appointment; the name of the law-agent employed in each case; the annual value of the property, or the income administered, on an average of three years of administration; the expense of procuring the nomination of curators; the average cost of maintenance of the lunatic; and the average annual expense connected with the judicial management of the estate. The number of persons included in this return amounts to 110; but, since the institution of the office of Accountant, curators had been appointed to 105 additional persons labouring under mental incapacity; viz., 65 who had been removed from the surveillance of the Accountant by recovery or death, and 40 in whose cases full particulars had not yet been lodged with him.

This return has not been included in the Appendix, as so much special information is necessary for the proper comprehension of the particulars of each case, that no useful purpose would be served by publishing it. For example, the moderate outlay which, as a general rule, is required to defray the expense of the appointment of curators, occasionally becomes considerably greater, where the lunacy may be difficult of proof, or where the appointment of a particular party to be curator is opposed by relatives. In other instances, the income of the estate appears very large in comparison with the outlay for the lunatic's maintenance. This arises from there being other annual burdens to be met, such as the maintenance of wife and family, the interest of debt, &c. In other cases, again, the outlay for the support of the patient greatly exceeds the income. In such circumstances, the capital is unavoidably encroached on to supply the deficiency, and the maintenance of the lunatic must thus ultimately devolve upon his friends, or upon his parish.

Though for the reasons stated, it appeared to us unnecessary to publish the whole of this return, it will, nevertheless, be useful to present, in a tabular form, a

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few of the cases included in it, so as to give an idea of the general expenditure incurred in the judicial administration of the affairs of lunatics in Scotland. We shall select such as elucidate the above remarks :—

Initials of Lunatic or Fatuous Person.	Date of Appointment of Curator.	Average Annual value of Property or Income Administered.	Expense of procuring nomination of Curators.	Average Annual cost of maintenance of Lunatics.	Average Annual Expense of Management.	Residence of Lunatic.
H. C., ..	22d Dec. 1849.	£1365 14 5	£34 17 5	£461 9 6	£20 8 7	Not stated.
A. C., ..	21st Nov. 1849.	36 14 6	9 12 4	5 12 0	7 18 4	With a private family.
M. Q., ..	19th July 1850.	11,347 14 6	39 13 6	2509 6 8	138 6 6	Not stated.
R. S., ..	12th July 1850.	574 1 8	34 19 0	111 11 11	76 6 0	Chartered Asylum.
A. F., ..	18th July 1850.	10 1 1	18 1 0	22 3 4	1 12 9	Ditto.
W. G., ..	1st March 1851.	3269 17 3	....	385 19 9	252 13 3	Ditto.
J. B. K.,	27th Nov. 1851.	802 10 0	26 0 0	136 5 10	27 5 4	Ditto.
F. M., ..	13th Dec. 1851.	349 7 8	30 6 7	140 6 11	7 12 7	With relatives.
D. A., ..	28th Feb. 1852.	10 17 0	20 12 6	41 14 5	2 9 1	Licensed house.
E. K., ..	28th July 1852.	129 17 5	27 9 9	62 3 8	7 15 3	With a private family.
D. W., ..	20th July 1852.	1 7 2	16 8 2	18 11 6	3 13 6	Chartered Asylum.
A. M., ..	17th Nov. 1852.	441 9 6	24 6 7	147 14 5	48 19 2	Ditto.
T. B., ..	18th Dec. 1852.	21 10 3	24 9 6	37 13 2	3 17 6	Ditto.
H. B., ..	20th Jan. 1853.	277 9 10	66 5 2	116 3 9	71 6 3	With a private family.
J. M., ..	22d Jan. 1853.	1486 19 10	16 11 3	100 0 0	12 7 3	Ditto.
J. G., ..	25th Jan. 1853.	15 18 11	10 17 9	26 8 10	3 12 1	Licensed house.
R. M., ..	8th March 1853.	943 18 9	17 12 3	200 0 0	39 15 8	With relatives abroad.
J. M., ..	13th Sept. 1853.	183 9 9	43 14 0	91 12 4	16 16 11	Chartered Asylum.
D. D., ..	2d Dec. 1853.	51 5 9	13 1 11	95 2 6	19 15 7	Ditto.
T. F., ..	6th Dec. 1853.	2340 4 7	27 5 3	196 16 3	95 0 8	With a private family.
G. S., ..	23d Dec. 1853.	883 13 7	24 5 7	70 3 8	120 12 8	Chartered Asylum.

Administration of Property of Lunatics.

In those cases in which the expenditure greatly exceeds the income, the curator named is occasionally the inspector of the poor, who is appointed in order to make the most of the funds, and to keep the patient as long as possible off the parish. We have repeatedly had occasion to call attention to the lamentable agency of insanity in reducing families to pauperism. In cases of ordinary illness, the patient can be retained at home, and be placed under appropriate treatment, without involving his family in ruinous expenses. But, in insanity, it too often happens that there is no choice between retaining the patient at home, in circumstances calculated to confirm his malady, and certain to destroy the comfort of his family, or sending him to an asylum at an outlay which speedily reduces his family to indigence. For examples of the evils thus ensuing, we refer to the cases detailed in Appendix L. No. IV. It is, therefore, we think, greatly to be regretted, that the Poor-law makes no provision for extending assistance in cases such as these, until the whole family is reduced to pauperism ; and we are accordingly inclined to suggest, that the occurrence of insanity should, *ipso facto*, entitle a lunatic, especially

if he has reached the age of majority, to be considered as on his own resources, and give him a claim for parochial relief, independently of the circumstances of his family. Certain restrictions would, however, probably be necessary to guard this concession against abuse. As a case of hardship under the present system we quote the following:—"I had a case lately," says the inspector of St. Cuthbert's "where a commander in the navy applied "on behalf of his boy. His wife is in the asylum. He "has a pension of £90 a year. We sent the boy to the "asylum, and we have recourse on the father; he will "pay the greater part of the boy's maintenance." Recapitulation and Suggestions for future Legislation. Appendix M. p. 357.

We now propose briefly to recapitulate some of the more important facts, which have been already detailed at length, for the purpose of bringing together those defects in the management of the insane, for which remedial measures are more immediately required. Recapitulation.

There are in Scotland at least 7403 persons of unsound mind. Of these, 4642 are pauper patients, a proportion which, though large, does not, as we have shown, fully represent the number which might be set down under this head. Number of Insane.

No national provision whatever has been made for the accommodation of the insane poor of Scotland, and they are therefore altogether dependent on the benevolence of the public, who have, in some measure, supplied the want by erecting asylums in the more populous districts, capable of accommodating 1511 patients, leaving 3131 still unprovided for. Public Asylums.

Even in the southern portions of the kingdom, where the chartered asylums are situated, great difficulty is experienced in obtaining admission for pauper patients belonging to the neighbourhood, and extensive districts in the north are left without any accommodation whatever.

The consequence of this want of public accommodation is, that numerous private houses have been opened for the reception of pauper lunatics. These houses have been licensed without due examination as to their fitness for asylums, and no limitation of the number or sex of Licensed Houses.

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Licensed Houses.

the patients to be admitted has been made; nor has due regard been had to the qualifications of the proprietor, or to his means of providing proper lodging, board, and treatment.

The premises are in most cases totally unsuited for the purpose of asylums, and are crowded in an extreme degree. The patients are badly lodged within doors, and are scarcely ever allowed to walk beyond small yards surrounded by high walls. They are generally scantily fed and clothed, and are provided with but a meagre amount of bedding, which is often of the worst kind. They are frequently subjected to mechanical restraint and seclusion, and are occasionally stripped naked and placed to sleep together on loose straw cast into rudely-constructed bed-frames. They have few or no means of recreation or occupation, and scarcely any suitable books. The attendants and nurses are not in sufficient number, and their wages are too low to secure the services, or continued stay of efficient persons. Generally, no religious exercises, or other agencies calculated to elevate the moral tone of the inmates, are employed, and scarcely anything is done to break the cheerless monotony of their existence.

Medical Attendant.

In these houses, where profit is the principal object of the proprietors, the securities against abuse are very inadequate. The medical attendant is not placed in an independent position, except in some few cases where he is at the same time proprietor of the establishment; and here, on the other hand, the absence of an independent and disinterested medical visitor removes a check, which, under the present system of inspection, is highly necessary. The medical inspector appointed by the Sheriff does not hold a permanent appointment, nor is he invested with sufficient independent authority. There are no restrictions which prevent interested parties from signing certificates of admission; and the form of the certificate is not sufficiently definite, nor does it contain the reasons on which the opinion of the insanity of the patient is founded.

Statutory Records.

The statutory records would, even if kept, give only a very imperfect account of the treatment of the patients; but in none of the licensed asylums have the entries

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Licensed Houses.

or returns been made in a satisfactory manner, and, in some of them, the necessary books and forms have not even been procured. No record has been made of the mechanical restraint to which the patients are habitually subjected in some of these houses; and, the Statutes not requiring that any account of seclusion shall be kept, the solitary confinement employed is in no way set forth in any of them. There are no rules or regulations to secure the proper treatment of patients whilst in these houses, nor is there any legal requirement that a patient, when recovered, shall be discharged.

Official Visitations.

The Justices of the Peace never exercise the permissive power of visitation given them by the Statutes, and the minister of the parish, on whom a like power is conferred, rarely, if ever, avails himself of it. The official inspection by the Sheriff and his medical officer is totally inadequate to prevent abuse. The examinations of patients made by the inspectors of the poor are few, brief, and superficial; and in those cases where the paupers are placed in establishments at a distance from their parishes, they are, in general, altogether omitted. Proprietors of licensed houses endeavour to fill their premises by offering to take patients on low terms; gross deceptions are practised by them, with a view of screening defects, abuses, and mismanagement; and those patients who, by reason of their malady, are rendered incapable of making complaints endure much deprivation and oppression.

Poorhouses.

Wards in poorhouses have been opened to meet the demands for accommodation, but generally they do not afford proper means of treatment, either as respects apartments, attendance, diet, exercise, or occupation. In some poorhouses, the Sheriff grants licenses for the reception of both acute and chronic cases; in others, the licenses are restricted to the admission of the latter class only; and in others, patients are admitted without any license at all. The powers of the Board of Supervision and of the Sheriff, in regard to insane patients in poorhouses, are so involved, that different views are taken as to which of the two is legally responsible for their care. In nearly all of these poorhouses the

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Poorhouses.

accommodation and arrangements are so very defective that there is reason to fear serious accidents will from time to time occur to patients so badly provided for. In none of the poorhouses have the inmates sufficient curative appliances, nor is there in any sufficient check on mismanagement. In some cases, patients have been admitted on the license of the Sheriff, who has afterwards failed to make the statutory visitations required of him.

Prisons.

Violent and also quiet patients, are, pending investigation of their cases by the Sheriff, often improperly and cruelly detained in jails for considerable periods, during which they are deprived of all means of treatment, and their malady rendered more obstinate.

Unlicensed Houses.

Unlicensed houses have been opened, as trading concerns, for the reception of certain classes of patients, who are detained in them without any safeguard whatever against ill-treatment or abuse.

Single Patients.

A very large number of single patients are detained at home, or illegally placed in the houses of strangers. The generality of these are in a most destitute condition, being badly lodged, ill-fed, scantily clothed, and not provided with sufficient bedding. A few are subjected to personal chastisement, some are permanently chained, others are placed in outhouses, or are locked up in small closets just capable of holding them. Many are filthy in their persons, infested with vermin, covered by mere rags, or allowed to remain perfectly naked. Some are without bedding, except loose straw or heather cast on rough boards, and their rooms emit an intolerable stench. Others, again, are homeless, and are allowed to wander at large.

A considerable proportion of the weak-minded females have borne illegitimate children, and in many of these instances the mental imbecility is apparent in the progeny. Not only are many of the single patients grossly neglected, but many of them are a great charge and source of anxiety to their relatives, and a cause of apprehension to the public. In remote districts, the patients are generally allowed to remain without appro-

priate treatment till the malady has become incurable, and only when troublesome or unmanageable are they sent to an asylum, always at a great distance from their homes and relatives. They are often harshly treated, and during the journey to the asylums, are frequently painfully manacled, or secured with ropes, sometimes bound so tightly as to penetrate the flesh; and cruelties of this kind appear to pass unnoticed and unpunished. They are recklessly transported from one place to another, and sometimes brought from remote districts, and shamefully cast free among the population of large towns, to get rid of the expense of their maintenance.

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Single Patients.

Appendix M. p. 373.

Several important provisions and positive requirements of the Statutes are not carried out, nor do the persons properly authorized avail themselves of the powers of inspection granted them by law. Some of the legal enactments are variously interpreted by officials, who adopt different courses, in conformity with their respective views; and different opinions are held as to whether certain forms of insanity are cognizable or not under the Statutes.

Statutes.

In some cases where the language of the Statutes is vague, or does not define any mode of procedure, practices obviously wrong in principle are pursued. On the other hand, where, owing to the defective state of the law, no course has been marked out, the authorities have assumed a discretionary power, which ought clearly to have been defined by law. Finally, a curious anomaly exists in the statutes, which require that pauper patients shall be sent to public asylums, whilst they omit to make any provision whatever by enactment, for the erection of such establishments. Scarcely any single cases are reported to the Sheriff, and a difference of opinion exists as to his power to visit those which are reported. In one or two districts, the Sheriff visits single cases in reported houses, but this practice does not prevail in general. In the few instances where such reports are made, no returns whatever, of deaths or removals, are sent in; and a difficulty exists in enforcing the requirements of the Statute, because the penalties for neglect are so excessive in amount, that they

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cannot be exacted, and because no proper authority is appointed to prosecute for them.

Sheriffs.

Sheriffs adopt different views and practices in the following respects:—The reports to the High Court of Justiciary and College of Physicians, "of all that shall "have been done in carrying the Act into execution," have been altogether neglected in some counties, and in none has this duty been fully or satisfactorily performed.

Some Sheriffs, before granting licenses for the admission of patients into a private asylum, cause inspection to be made of the premises, and inquiries to be instituted as to the competency of the licentiate. They also make notes and entries in the books of the asylum. Others, again, do not take these necessary precautions to secure the welfare of the patients. No uniform charge is made for a license, and in no case has a Sheriff exercised his power of recalling such license on account of mismanagement or abuse, although these have, in many instances, been very flagrant. No penalties have been exacted for infringements of the Acts, although such infringements are of constant occurrence. By some Sheriffs, two medical certificates are required, while others consider one sufficient. Some refuse the certificate of the medical attendant of the asylum; others allow him to certify. In general, the Sheriffs carry out the intention of the legislature, in being accompanied, on their visits, by an independent medical inspector; but, in one case, the Sheriff names no such officer, and visits a chartered asylum unaccompanied by any medical colleague. In two other cases, he appoints medical officers of the institutions to assist him in the inspection of the asylums to which they are respectively attached. On the other hand, one Sheriff not only appoints an independent medical man, but considers it proper also to require the attendance of the Procurator-Fiscal, when making his visits. Some Sheriffs grant licenses only for particular forms of insanity, to be placed in the lunatic wards of poorhouses; others make no restrictions as to the nature of the cases; and, in some counties, patients are habitually admitted into poorhouses without any license at all. As further illustrative of the difficulties of

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accurately determining the Sheriff's functions, it may be mentioned that, in one instance, a difference of opinion arose between the Sheriff and his Substitute, as to the power of the Sheriff to grant licenses for the admission of lunatics into poorhouses; the latter considering it necessary to have special buildings for their reception, before licenses could be granted, and the former being of opinion that it was competent for the Sheriff to grant them, apart from any special provision for the accommodation of the patients.

The Sheriff is the only functionary specially entrusted with the care or guardianship of insane persons. Yet all the lunatics resident in his county could be removed from his jurisdiction not only without his sanction, but even without his knowledge.

Inspectors of Poor.

The inspectors of the poor, acting in the name of their respective parochial boards, practically assume an unwarrantable power over pauper patients: in keeping them at home, or placing them in the houses of strangers; in selecting asylums for them; in removing them from asylums; in transferring them from one asylum to another, and, generally, in contravention of the statutes, from a public asylum to a licensed house; and in transporting them, when English or Irish paupers, to the country of their birth. Neither the Board of Supervision, the Sheriff, nor the managers or medical superintendents of chartered asylums, who may collectively be considered as the guardians of the insane poor, practically exercise any check on this inordinate power assumed by inspectors.

The legal visitation of the inspector is limited to a district of five miles; but pauper patients are frequently removed to distant places far beyond this circuit of visitation. They are often without necessity inconsiderately separated from their friends, and placed so far from their homes as to render any communication with relatives impossible. In the treatment of the insane poor, curative means are frequently never considered by inspectors, who seem to think of nothing beyond safe custody, and the lowest possible expenditure.

In very few instances have we found single patients

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reported by the inspector to the Sheriff, although the number of paupers who ought to be reported amounts to 640; and relief is frequently allowed by inspectors on account of insanity, in cases which are not reported as pauper lunatics to the Board of Supervision, as required by the statutes.

Procurators-Fiscal.

Under the complaints of Procurators-Fiscal, dangerous patients are generally sent, in the first instance, to jails; but no uniform procedure is adopted for determining what particular cases shall be so classed, nor where, nor under what continued supervision they shall be kept; nor, as a precautionary measure, upon what terms they shall be discharged. Neither is it prescribed in what manner these cases shall be entered on record. The returns, both of the numbers and results, are consequently very unsatisfactory.

Criminal Lunatics.

Criminal lunatics are not properly provided for: they are treated, not as patients, but as prisoners, in buildings more calculated for their detention than for the cure of their malady. The circumstance, that they are suffering under a severe visitation of Providence, is apt to be lost sight of, and the effect of disease to be treated as crime. There is no proper security for their liberation on recovery, or for their proper treatment on discharge, at the expiry of their term of imprisonment.

Penalties.

Barbarous cruelties are frequently inflicted on the patients, and the provisions of the law for their protection are evaded; moreover, owing to the high penalties for infringement of the statutes, and from there being no power to modify them, such penalties have never been enforced.

Suggested Remedies.

It is admitted by all whom we have interrogated, and appears as the result of our inquiries, that the system now in use in Scotland, in respect to the insane, is most unsatisfactory, and that it does not afford sufficient protection to the lunatic. It is evident, that instead of judicious care and treatment for the cure

Recapitulation and Suggestions for future Legislation.

Suggested Remedies.

of disease, safe custody is the object principally held in view by parochial and other authorities; and the above brief enumeration of the practices pursued in reference to the insane, clearly indicates that remedial measures are urgently demanded.

We therefore, in conclusion, desire to state our opinion, that all the existing statutes relating to the insane in Scotland should be repealed, and a new and comprehensive code framed to meet the many pressing wants of the community, embracing the following provisions:—

1. The erection of district or county asylums for pauper lunatics, including accommodation for the insane belonging to the labouring classes, who are not strictly paupers. Likewise, more suitable accommodation for criminal lunatics.

2. Means for ensuring greater caution and discrimination as regards the licensing of houses for the reception of the insane; for imposing some check upon the licensing of new houses; and for conferring powers to close those already opened for paupers, so soon as public asylums shall have been erected; or, at any other time, if not properly conducted.

3. Regulations, by which all pauper lunatics, not in asylums, shall be brought under proper visitation and care, and periodical reports be made as to their condition, by medical men; so as to afford a safeguard against abuse and ill-treatment, and secure the ready and careful transmission of all proper cases to asylums.

4. An accurate definition of the powers and duties of Sheriffs, in reference to the insane, so as to secure a more uniform practice and united action amongst them.

5. Rules for the guidance of the Board of Supervision, parochial boards, inspectors of poor, and district medical officers, in all matters relating to the management of the insane.

6. More complete regulations, in reference to medical certificates; to prevent interested parties signing them; to specify the length of time the document shall remain in force; and to require a statement of the facts or evidence upon which the opinion as to the patient's insanity is founded. Also a limitation of the time during

Recapitulation and Suggestions for future Legislation.

Suggested Remedies.

which the Sheriff's order shall remain in force, previous to the admission of the patient, and also in case of escape.

7. The formation of a complete system of schedules and returns, together with full records of all admissions, discharges, deaths, and accidents. Also the institution of registers and case books, shewing the medical treatment pursued in each case, and whether, and to what extent, restraint and seclusion were employed.

8. Comprehensive regulations applicable to licensed houses and poorhouses, while continuing to receive lunatics, for securing to the patients sufficient medical and other attendance; kind and appropriate treatment; proper diet, clothing, bedding, exercise, and recreation; and adequate means of religious consolation.

9. A requirement that, on recovery, patients shall be discharged by the medical attendant of the establishment.

10. Restrictions on the removal of pauper patients by inspectors before recovery.

11. Precautions for preventing injustice in transporting aliens.

12. Better regulations as to dangerous and criminal patients.

13. Measures by which persons labouring under insanity may voluntarily place themselves under care in an asylum.

14. Special regulations for prolonging control over cases of insanity arising from intoxication.

15. Enactments for extending further protection to the property of lunatics, and for ensuring the proper application of their funds.

16. The imposition of suitable penalties for infringement of the law, and power to modify them according to circumstances.

17. Powers to raise sufficient funds for the purposes of the Act.

18. The creation of a competent Board, invested with due authority, and to whom the general superintendence of the insane in Scotland shall be entrusted; including powers to license houses for the reception of the insane; to visit all asylums, licensed houses, poorhouses, and

houses containing only single patients; to order the removal of patients to or from an asylum, or from one asylum to another; to give leave of absence to convalescent patients; to regulate the diet in asylums and licensed houses for pauper patients; to make regulations for their management, &c. &c.; with direction to report to the Secretary of State for the Home Department.

Recapitulation and Suggestions for future Legislation.

Suggested Remedies.

19. The formation of local boards for the management of individual asylums, who shall act in conjunction with the General Board.

All which we have the honour humbly to submit to the consideration of your Majesty.

(Signed) ALEX. E. MONTEITH, *Chairman.*
JAMES COXE.
SAMUEL GASKELL.
WILLIAM GEORGE CAMPBELL.

JOHN BURN MURDOCH, Jr.,
Secretary.

SCOTTISH LUNACY COMMISSION.

APPENDIX.

Scottish Lunacy Commission.

APPENDIX TO THE REPORT

BY

HER MAJESTY'S COMMISSIONERS

APPOINTED TO INQUIRE INTO THE STATE OF

LUNATIC ASYLUMS IN SCOTLAND

AND

THE EXISTING LAW IN REFERENCE TO LUNATICS AND LUNATIC ASYLUMS IN THAT PART OF THE UNITED KINGDOM.

Presented to both Houses of Parliament by Command of Her Majesty.

EDINBURGH:
PRINTED FOR HER MAJESTY'S STATIONERY OFFICE,
BY THOMAS CONSTABLE.

1857.

EDINBURGH: T. CONSTABLE, PRINTER TO HER MAJESTY.

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ERRATA IN APPENDIX.

Page 33, at bottom of 21st column, *for* 5, *read* 115.
„ 35, note, *for* second chapter, *read* p. 175.
„ 114, line 25, *for* uncle, *read* father.
„ 137, line 16, in part of impression, *for* twelve, *read* five.
„ 333, line 18, *for* chair, *read* chain.
„ 403, line 22, *for* biennial *read* half-yearly.

REFORM
PALL MALL

APPENDIX A.

Returns connected with the Numbers and Distribution of the Insane in Scotland:—

I. (*a*) Returns obtained from the Board of Supervision for Relief of the Poor, shewing the manner in which Pauper Lunatics are distributed as regards the Nature and Locality of the Establishments or Houses in which they are placed.

(*b*) General Abstract of these Returns.

II. General Abstract of the Returns obtained from the Procurators-Fiscal and Constabulary Force, shewing the Numbers and General Condition of Lunatics and Idiots resident in Private Houses throughout Scotland.

III. General Table of the Total Numbers of the Insane in Scotland, distinguishing between Male and Female, and shewing the Numbers resident in each County, and the Nature of the Houses in which they are placed.

IV. Table shewing the Number of Pauper Lunatics from each County in Scotland who were under treatment in Public Asylums on 1st January 1856.

APPENDIX A.—I. (*a.*)

RETURN shewing the manner in which Pauper Lunatics in Scotland, maintained wholly or partially by Parochial Boards, are distributed as regards the Nature and Locality of the Establishment or House in which they are placed; distinguishing Chartered Asylums, Poorhouses, and Private Licensed Houses; and further, distinguishing Poorhouses within the Parish, or Combination of Parishes, that maintains the Pauper Lunatic, and Poorhouses situated beyond the same; and shewing also the Numbers of each Sex,—*as on 14th May* 1855.

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																									
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.					
																					Of Relatives.		Of others not Relatives.							
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.			
ABERDEEN.																														
1 Aberdeen,	41,465	26	35	61	16	28	44	10	3	...	...	13	...	...	...	2	2	...	..	...	...	2	...	...	2	...	...	...		
2 Aberdour,	1,857	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
3 Aboyne,	1,108	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...		
4 Alford,	1,143	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...		
5 Auchindoir,	1,369	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
6 Auchterless,	1,837	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...		
7 Belhelvie,	1,692	2	3	5	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...		
8 Birse,	1,533	1	3	4	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
9 Bourtie,	529	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...		
10 Cairnie,	1,565	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...		
11 Chapel-of-Garioch,	2,102	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...		
12 Clatt,	543	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
13 Cluny,	1,149	...	3	3	...	2	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...		
14 Coull,	734	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...		
15 Crathie and Braemar,	1,788	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
16 Crimond,	893	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...		
17 Cruden,	2,479	4	2	6	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
18 Culsalmond,	1,042	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...		
19 Daviot,	601	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	1	1	...	...	2	...	...	...		
20 Deer, New,	3,973	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...		
21 Deer, Old,	4,743	4	6	10	2	5	7	..	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...		
22 Drumblade,	949	4	...	4	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
23 Drumoak,	948	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		
24 [illegible]	470	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...		

27 Fintray,	1,080	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28 Forgue,	2,626	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
29 Foveran,	1,638	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...
30 Fraserburgh,	4,447	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	3	...	...	...	...	...	...	...
31 Fyvie,	3,927	5	5	10	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
32 Gartly,	990	3	2	5	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	4	...	...	...	...	...	...	...
33 Glass,	972	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...	...	...	...	...
34 Glenbucket,	542	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
35 Glenmuick,	1,984	2	3	5	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
36 Huntly,	4,061	3	4	7	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	4	...	...	...	...	...	...	...
37 Insch,	1,519	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	3	...	...	...	...	...	...	...
38 Inverury,	2,649	2	1	3	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
39 Keig,	772	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40 Keithhall and Kinkell,	920	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
41 Kemnay,	680	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
42 Kilkrummy,	643	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
43 Kincardine O'Neil,	2,098	...	2	2	...	2	2	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
44 King Edward,	2,749	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
45 Kinnellar,	590	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
46 Kinnethmont,	1,108	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
47 Kintore,	1,342	3	4	7	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
48 Leochel-Cushnie,	1,068	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	3	5	...	...	...	...	...	...	...
49 Leslie,	559	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
50 Logie-Buchan,	724	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
51 Logie-Coldstone,	889	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
52 Longside,	2,952	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
53 Lonmay,	1,964	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
54 Lumphanan,	1,088	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...	...	...	...
55 Machar, New,	1,298	3	...	3	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
56 Machar, Old,	31,757	18	24	42	14	18	32	3	6	1	...	10	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
57 Meldrum,	2,002	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
58 Methlick,	1,997	1	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
59 Midmar,	1,166	1	2	3	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
60 Monquhitter,	2,295	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
61 Monymusk,	940	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
62 Newhills,	3,325	1	2	3	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
63 Oyne,	919	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
64 Peterculter,	1,351	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
65 Peterhead,	9,429	3	8	11	3	5	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...	...	...	...	...
Carry forward,	...	109	137	236	64	90	154	13	9	3	...	25	...	...	...	3	3	...	...	...	24	27	5	8	64	...	...	...	...	...	...	...	...

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
Brought forward,	...	109	137	236	64	90	154	13	9	3	...	25	...	...	...	3	3	...	...	...	24	27	5	8	64	...	...	...
66 Pitsligo,	1,801	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
67 Premnay,	793	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
68 Rathen,	2,368	1	2	3	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69 Rayne,	1,550	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
70 Rhynie,	1,017	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
71 Skene,	1,862	5	...	5	5	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
72 Slains,	1,232	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
73 Strathdon,	1,531	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
74 Strichen,	2,283	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
75 Tarland and Migvie,	1,197	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
76 Tarves,	2,469	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
77 Tough,	891	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	..	...
78 Towie,	758	2	1	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
79 Tullynessle,	930	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
80 Turriff,	3,584	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
81 Tyrie,	2,830	1	3	4	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
82 Udny,	1,513	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	212,711	121	150	271	72	99	171	13	9	3	...	25	...	...	...	3	3	...	...	...	27	30	6	9	72	...	...	...
ARGYLL.																												
1 Ardchattan & Muckairn,	2,313	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Ardnamurchan,	5,446	6	1	7	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	3	1	1	...	5	...	...	...
3 Campbeltown,	9,381	5	9	14	...	2	2	...	...	1	1	2	...	...	2	2	4	...	...	...	1	1	1	3	6	...	...	...
4 Craignish,	756	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
5 Dunoon and Kilmun,	4,518	3	5	8	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	2	2	...	1	5	...	...	...
6 Gigha,	547	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	..
7 Glassary,	4,711	1	7	8	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	1	5	...	...	...
8 Glenorchy & Inishail,	1,450	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	4	...	...	...

9 Inverchaolain,	474	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Inverary,	2,229	2	3	5	...	...	...	...	..	...	...	...	...	...	2	1	3	...	...	...	...	2	...	...	...	2	..	...	...
11 Islay Combination,	12,334	11	5	16	3	4	7	...	...	...	...	...	...	...	...	...	...	...	...	...	8	1	...	...	9	...	...	...
12 Jura and Colonsay,	1,901	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
13 Kilbrandon,	2,375	1	3	4	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	1	...	2	...	...	...
14 Kilcalmonell & Kilberry,	2,859	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	4	...	...	...
15 Kilchrennan & Dalavich,	776	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
16 Kilfinan,	1,695	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	4	...	...	...
17 Kilfinichen,	3,054	7	7	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	7	1	...	14	...	...	...
18 Killean & Kilchenzie,	2,219	2	4	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	2	6	...	...	...
19 Kilmartin,	1,144	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Kilmodan,	500	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21 Kilmore & Kilbride,	3,131	2	3	5	1	1	2	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
22 Kilninian & Kilmore,	3,954	1	8	9	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2	2	...	...	...	...
23 Kilninver & Kilmelfort,	714	2	2	4	...	...	...	...	...	...	...	...	...	...	...	5	5	...	...	...	1	3	...	...	4	...	...	...
24 Knapdale, North,	1,666	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	4	...	...	...
25 Knapdale, South,	2,178	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26 Lismore and Appin,	4,097	2	5	7	1	1	2	...	...	...	...	...	...	...	...	1	1	...	...	...	1	3	...	...	4	...	...	...
27 Lochgoilhead,	834	2	1	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
28 Morven,	1,547	2	1	3	1	...	1	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...
29 Saddell and Skipness,	1,504	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
30 Southend,	1,406	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
31 Strachur,	518	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
32 Stralachlan,	397	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
33 Torosay,	1,361	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
34 Tyree and Coll,	4,818	...	4	4	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	3	...	...	3	...	...	...
Total,	88,807	64	80	144	9	16	25	...	...	1	1	2	...	...	9	14	23	...	...	...	39	37	6	12	94	...	...	...
AYR.																													
1 Ardrossan,	5,581	3	1	4	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
2 Auchinleck,	3,697	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Ayr,	9,115	3	7	10	1	...	1	1	1	...	...	2	...	...	1	4	5	...	...	...	...	...	...	2	2	...	...	...
4 Ballantrae,	1,801	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
5 Barr,	907	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Beith,	6,425	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
7 Colmonell,	2,934	2	2	4	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
8 Coylton,	1,542	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
Carry forward,	...	11	12	23	7	2	9	1	1	...	...	2	...	...	1	4	5	...	...	...	1	3	1	2	7	...	...	...

Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
Brought forward,	...	11	12	23	7	2	9	1	1	...	...	2	...	...	1	4	5	...	...	...	1	3	1	2	7	...	...	...
9 Craigie,	793	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Cumnock, New,	2,759	1	1	2	...	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
11 Cumnock, Old,	3,777	2	3	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	4	...	...	...
12 Dailly,	2,413	...	3	3	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2	...	...	2	...	...	...
13 Dalmellington,	2,910	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
14 Dalry,	8,865	2	1	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
15 Dalrymple,	1,096	2	...	2	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
16 Dreghorn,	1,828	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Dundonald,	7,299	5	3	8	1	3	4	...	...	...	...	...	...	...	1	...	1	...	...	...	3	...	...	...	3	...	...	...
18 Dunlop,	1,115	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...
19 Fenwick,	1,741	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Galston,	4,392	4	2	6	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	5	...	...	...
21 Girvan,	8,588	2	4	6	...	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	3	...	...	4	...	...	...
22 Irvine,	5,719	2	3	5	...	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	1	3	...	...	...
23 Kilbirnie,	5,484	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
24 Kilbride, West,	2,021	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Kilmarnock,	21,287	5	9	14	5	6	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	3	...	...	...
26 Kilmaurs,	3,144	3	...	3	2	...	2	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
27 Kilwinning,	6,359	2	2	4	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...
28 Kirkmichael,	3,262	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	4	...	...	...
29 Kirkoswald,	2,242	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
30 Largs,	3,715	3	5	8	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	2	...	1	2	5	...	...	...
31 Loudoun,	4,720	3	1	4	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	...	2	...	...	...
32 Mauchline,	2,470	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	4	...	...	...
33 Maybole,	7,615	3	1	4	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	1	2	...	...	...
34 Monkton,	1,960	4	...	4	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	2	...	...	...	2	...	...	...
35 Muirkirk,	3,423	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	4	...	...	...
36 Newton-upon-Ayr,	4,814	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
37 Ochiltree,	1,787	1	2	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...
38 Riccarton,	4,583	1	2	3	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

39 St. Quivox,	7,147	7	5	12	1	1	2	...	...	...	...	...	...	...	2	1	3	...	...	...	2	2	2	1	7	...	...	...
40 Sorn,	4,174	3	4	7	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	3	...	...	...
41 Stair,	820	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
42 Stevenston,	3,811	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
43 Stewarton,	4,572	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
44 Straiton,	1,540	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...
45 Symington,	902	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
46 Tarbolton,	2,824	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	189,973	76	79	155	30	20	50	1	1	...	...	2	...	...	13	10	23	...	...	...	23	31	9	17	80	...	...	...
BANFF.																													
1 Aberlour,	1,447	4	2	6	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	2	2	...	5	...	...	...
2 Alvah,	1,402	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Banff,	4,426	1	2	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Boharm,	1,368	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
5 Botriphnie,	713	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Boyndie,	1,564	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
7 Cabrach,	750	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...
8 Cullen,	1,853	...	3	3	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
9 Deskford,	917	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	3	...	...	...
10 Fordyce and Portsoy,	3,807	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
11 Forglen,	695	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...
12 Gamrie and Macduff,	5,285	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Grange,	1,851	...	4	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
14 Inveravon,	2,714	3	4	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3	...	...	...
15 Inverkeithing,	835	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	2	7	...	...	...
16 Keith,	4,986	2	4	6	1	2	3	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
17 Kirkmichael,	1,558	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...
18 Marnoch,	2,994	2	3	5	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
19 Mortlach,	2,804	...	4	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...
20 Ordiquhill,	644	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3	...	...	...
21 Rathven,	7,518	5	10	15	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
22 Rothiemay,	1,413	...	3	3	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	5	3	...	5	13	...	...	...
23 St. Fergus,	1,597	1	3	4	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	3	...	...	...
Total,	53,141	22	54	76	6	11	17	...	...	...	...	...	...	...	2	2	4	...	...	...	9	25	5	16	55	...	...	...

Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
BERWICK.																												
1 Abbey St. Bathans,	155	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Ayton,	1,959	1	1	2	1	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
3 Buncle and Preston,	715	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
4 Channelkirk,	728	1	1	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...	...
5 Chirnside,	1,384	1	4	5	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	1	2	...	...	3	...	...	...
6 Cockburnspath,	1,196	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Coldingham,	3,188	1	2	3	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	1	...	...	1	...	...	...
8 Coldstream,	3,245	2	5	7	2	...	2	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	2	2	...	...	...
9 Cranshaws,	127	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Dunse,	3,407	5	1	6	2	...	2	...	...	..	...	...	...	...	1	1	2	...	...	...	2	...	...	...	2	...	...	...
11 Earlstoun,	1,819	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Eccles,	1,892	1	2	3	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	1	...	..	1	...	...	...
13 Edrom,	1,474	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	..	..
14 Eyemouth,	1,488	2	1	3	1	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...	...
15 Fogo,	604	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
16 Foulden,	430	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...
17 Gordon,	983	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
18 Greenlaw,	1,378	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	3	...	...	...
19 Hume,	406	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Hutton,	1,102	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
21 Ladykirk,	561	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
22 Langton,	484	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
23 Lauder,	2,154	2	1	3	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	..	...	...	1	...	1	...	...	...
24 Legerwood,	587	1	...	1	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	1	...	...	..	1	...	...	...
25 Longformacus,	411	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
26 Mertoun,	692	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
27 Mordington,	427	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
28 Nenthorn,	441	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
29 Polwarth,	331	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
30 Swinton,	994	1	3	4	...	1	1	...	...	...	...	...	...	...	...	1	1	..	...	...	1	1	...	...	2	...	...	...
31 Westruther,	791	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
32 Whitsome,	612	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

BUTE.																													
1 Cumbraes,	1,275	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Kilbride (Arran,)	2,533	3	2	5	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	2	2	...	...	4	...	...	...	...
3 Kilmory,	3,414	2	3	5	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	2	4	...	...	...	...
4 Kingarth,	1,007	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 North Bute,	1,025	2	3	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...	...
6 Rothesay,	7,354	4	3	7	3	2	5	...	...	1	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
Total,	16,608	11	12	23	4	3	7	...	...	2	...	2	...	...	1	1	2	...	...	...	4	5	...	3	12	...	...	...	...
CAITHNESS.																													
1 Bower,	1,658	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
2 Canisbay,	2,437	3	2	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	4	...	...	...	...
3 Dunnet,	1,868	3	2	5	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	3	...	...	1	4	...	...	...	...
4 Halkirk,	2,918	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	3	...	...	...	...
5 Latheron,	8,224	8	8	16	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	7	7	...	1	15	...	...	...	...
6 Olrick,	1,873	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
7 Reay,	2,506	3	6	9	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	3	4	...	1	8	...	...	...	...
8 Thurso,	5,096	2	4	6	2	1	3	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2	...	...	2	...	...	...	...
9 Watten,	1,351	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
10 Wick,	11,851	3	7	10	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	2	6	...	...	...	...
Total,	39,782	27	30	57	6	3	9	...	...	...	...	...	...	...	...	3	3	...	...	...	20	18	1	6	45	...	...	...	...
CLACKMANNAN.																													
1 Alloa,	9,493	3	10	13	2	1	3	...	...	...	1	1	...	...	1	6	7	...	...	...	...	...	...	2	2	...	...	...	...
2 Clackmannan,	5,802	1	3	4	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	1	...	...	...	1	...	...	...	...
3 Dollar,	1,574	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
4 Logie,	2,551	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
5 Tillicoultry,	4,686	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
Total,	24,106	5	16	21	3	1	4	...	...	...	1	1	...	...	1	10	11	...	...	...	1	1	...	3	5	...	...	...	...

Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
DUMBARTON.																												
1 Arrochar,	562	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Bonhill,	7,643	3	5	8	2	3	5	...	...	...	1	1	...	...	1	...	1	...	...	...	...	1	...	...	1	...	...	...
3 Cardross,	4,257	3	2	5	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	3	...	...	...
4 Cumbernauld,	3,778	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Dumbarton,	4,766	1	3	4	1	...	1	...	...	...	1	1	...	...	...	1	1	...	...	...	...	1	...	...	1	...	...	...
6 Kilmaronock,	1,033	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Kilpatrick, New,	4,286	7	2	9	4	...	4	...	...	3	...	3	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...
8 Kilpatrick, Old,	5,921	1	6	7	1	4	5	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
9 Kirkintilloch,	8,426	5	2	7	5	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
10 Luss,	907	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
11 Roseneath,	1,044	2	...	2	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...
12 Row,	4,372	2	2	4	1	1	2	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...
Total,	46,995	24	23	47	14	11	25	...	...	3	3	6	...	...	4	2	6	...	...	...	1	7	2	...	10	...	...	...
DUMFRIES.																												
1 Annan,	5,848	5	1	6	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	4	...	...	...
2 Applegarth,	918	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
3 Caerlaverock,	1,418	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
4 Canonbie,	3,163	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	3	...	...	...
5 Closeburn,	1,732	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Cummertrees,	1,386	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Dalton,	761	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
8 Dornock,	936	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
9 Dryfesdale,	2,409	2	2	4	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...
10 Dumfries,	12,298	15	20	35	10	4	14	...	...	...	...	...	...	...	...	...	...	...	...	...	4	11	1	5	21	...	...	...
11 Dunscore,	1,578	3	...	3	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
12 Durrisdeer,	1,795	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

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Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
EDINBURGH.																												
1 Borthwick,	1,614	1	2	3	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	1	...	...	1	...	...	...
2 Calder, Mid,	1,474	3	...	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...
3 Calder, West,	2,120	2	1	3	2	...	2	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...
4 Canongate,	11,298	3	5	8	2	5	7	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
5 Carrington,	710	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
6 Cockpen,	3,228	2	3	5	...	2	2	...	...	...	...	...	2	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...
7 Colinton,	2,676	3	5	8	2	4	6	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...
8 Corstorphine,	1,499	1	2	3	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Cramond,	2,547	3	2	5	2	2	4	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
10 Cranston,	1,235	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Crichton,	1,387	1	3	4	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	2	3	...	...	...
12 Currie,	2,190	...	2	2	...	1	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...
13 Dalkeith,	6,521	3	6	9	2	1	3	...	2	...	...	2	1	1	...	...	2	...	...	...	...	1	...	1	2	...	...	...
14 Duddingstone,	4,401	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 Edinburgh,	66,734	65	108	173	33	30	63	27	71	...	...	98	...	...	...	...	...	...	...	...	4	5	1	2	12	...	...	...
16 Fala,	434	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Glencross,	1,138	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Heriot,	352	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
19 Inveresk,	8,653	11	15	26	1	...	1	...	...	...	...	...	7	10	...	...	17	...	...	...	3	2	...	3	8	...	...	...
20 Kirknewton,	1,630	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21 Lasswade,	5,821	4	3	7	...	...	...	...	...	...	...	...	3	3	...	...	6	...	...	...	...	...	1	...	1	...	...	...
22 Leith, North,	8,999	6	8	14	6	5	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	3	...	...	...
23 Leith, South,	24,419	12	25	37	3	7	10	8	13	...	...	21	...	1	...	...	1	...	...	...	1	3	...	1	5	...	...	...
24 Liberton,	3,528	5	11	16	3	5	8	...	...	...	...	...	...	2	...	...	2	...	...	...	1	1	1	3	6	...	...	...
25 Newbattle,	2,518	3	...	3	1	...	1	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...
26 Newton,	1,780	1	2	3	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	1	...	...	2	...	...	...
27 Penicuick,	3,003	3	3	6	1	3	4	...	...	...	...	...	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...
28 Ratho,	1,718	3	...	3	1	...	1	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...
29 St. Cuthbert's,	82,479	74	94	168	68	88	156	...	...	...	...	...	...	...	...	...	...	...	...	...	4	3	2	3	12	...	...	...
30 Stow,	1,973	2	2	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...
31 Temple,	1,414	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	259,493	216	307	523	133	160	293	35	86	...	...	121	20	22	3	...	45	...	...	...	18	20	7	19	64	...	...	...

ELGIN OR MORAY.

1 Abernethy,	1,871	2	...	2	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...
2 Alves,	919	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Bellie,	2,347	1	2	3	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	1	...	...	1	...	...	...
4 Birnie,	427	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Dallas,	1,226	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
6 Drainy,	1,856	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Duffus,	2,983	2	...	2	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...	1	...	...	...
8 Duthill,	1,788	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	4	...	...	...
9 Dyke and Moy,	1,369	1	1	2	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	1	...	...	...
10 Edinkillie,	1,343	1	1	2	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...
11 Elgin,	7,277	7	10	17	...	...	...	...	...	...	...	...	6	7	...	...	13	...	...	...	...	2	1	1	4	...	...	...
12 Forres,	4,069	2	2	4	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...
13 Kinloss,	1,370	1	1	2	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	...	...	1	...	...	...
14 Knockando,	1,771	3	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	2	...	...	5	...	...	...
15 New Spynie,	1,344	1	1	2	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...
16 Rafford,	1,020	1	3	4	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	1	1	...	...	2	...	...	...
17 Rothes,	2,022	1	3	4	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	1	1	...	...	2	...	...	...
18 St. Andrews-Lhanbride,	1,263	1	1	2	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...
19 Speymouth,	1,898	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Urquhart,	1,331	...	2	2	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...	1	...	...	...
Total,	39,494	27	32	59	...	...	...	...	...	2	...	2	13	16	...	...	29	...	...	...	9	13	3	3	28	...	...	...

FIFE.

1 Abbotshall,	5,030	3	3	6	...	...	...	...	2	...	...	2	...	...	3	1	4	...	...	...	...	...	...	...	...	...	...	...	...
2 Abdie,	1,486	1	2	3	1	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	...
3 Aberdour,	1,945	...	2	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	1	...	...	...
4 Anstruther. Easter,	1,161	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
5 Anstruther, Wester,	443	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Arngask,	689	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Auchterderran,	3,210	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Auchtermuchty,	3,704	1	1	2	...	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
9 Auchtertool,	517	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Ballingry,	568	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
11 Balmerino,	945	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
12 Beath,	1,252	2	...	2	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	1	...	...	...
13 Burntisland,	3,158	2	...	2	1	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carry forward,	...	12	9	21	3	1	4	1	2	...	...	3	...	...	5	4	9	...	...	...	2	1	1	1	5	...	...	...

APPENDIX A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																									
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.					
																					Of Relatives.		Of others not Relatives.							
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.			
Brought forward,	...	12	9	21	3	1	4	1	2	...	...	3	...	...	5	4	9	...	...	...	2	1	1	1	5	...	...	...			
14 Cameron,	1,207	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
15 Carnbee,	1,129	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
16 Carnock,	3,191	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...			
17 Ceres,	2,833	3	4	7	1	...	1	...	...	...	...	...	...	...	1	1	2	...	...	...	1	3	...	...	4	...	...	...			
18 Collessie,	1,520	3	...	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...			
19 Crail,	1,903	1	3	4	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	1	1	...	...	...			
20 Creich,	386	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
21 Cults,	915	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
22 Cupar,	7,427	6	4	10	3	3	6	...	...	...	...	...	...	...	3	1	4	...	...	...	...	...	...	...	...	...	...	...			
23 Dairsie,	708	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...			
24 Dalgety,	1,513	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
25 Denino,	289	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
26 Dunbog,	220	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
27 Dunfermline,	21,687	13	11	24	1	...	1	6	6	...	...	12	...	...	6	5	11	...	...	...	...	...	...	...	...	...	...	...			
28 Dysart,	8,739	4	4	8	1	...	1	...	...	...	...	...	...	...	1	3	4	...	...	...	2	1	...	...	3	...	...	...			
29 Elie,	843	2	...	2	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...			
30 Falkland,	3,102	3	2	5	...	1	1	...	...	...	...	...	...	...	1	1	2	...	...	...	1	...	1	...	2	...	...	...			
31 Ferry-Port-on-Craig,	2,238	...	3	3	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	1	1	...	...	...			
32 Flisk,	213	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
33 Forgan,	1,125	2	1	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...			
34 Inverkeithing,	2,499	1	3	4	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	1	1	...	...	...			
35 Kemback,	956	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
36 Kennoway,	2,257	2	3	5	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	3	...	...	3	...	...	...			
37 Kettle,	2,601	...	3	3	...	...	...	...	2	...	...	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...			
38 Kilconquhar,	2,489	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...			
39 Kilmany,	662	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
40 Kilrenny,	2,194	2	2	4	...	1	1	...	...	...	...	...	...	...	1	1	2	...	...	...	1	...	...	...	1	...	...	...			
41 Kinghorn,	3,030	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...			
42 Kinglassie,	1,186	...	1	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
43 Kingsbarns,	893	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			

44 Kirkcaldy,	5,719	2	5	7	...	1	1	...	2	...	...	2	...	...	2	1	3	...	...	...	...	1	...	...	1	...	...	...
45 Largo,	2,800	1	3	4	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
46 Leslie,	3,800	1	2	3	1	...	1	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...
47 Leuchars,	1,991	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
48 Logie,	467	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
49 Markinch,	5,843	6	4	10	...	1	1	...	...	...	...	...	...	...	6	3	9	...	...	...	...	...	...	...	...	...	...	...
50 Monimail,	1,102	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
51 Moonzie,	198	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
52 Newburgh,	2,986	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
53 Newburn,	375	1	...	1	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...
54 Pittenweem,	1,473	1	...	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
55 St. Andrews,	6,740	3	6	9	2	4	6	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	1	2	...	...	...
56 St. Leonards,	587	1	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...
57 St. Monance,	1,241	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
58 Saline,	1,792	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
59 Scoonie,	3,115	2	2	4	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
60 Strathmiglo,	2,509	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
61 Torryburn,	1,341	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
62 Wemyss,	5,647	2	7	9	...	...	...	...	3	...	...	3	...	...	1	2	3	...	...	...	1	2	...	...	3	...	...	...
Total,	153,789	81	94	175	22	21	43	8	16	...	...	24	...	...	31	36	67	...	...	...	18	12	2	9	41	...	...	...
FORFAR.																													
1 Aberlemno,	1,116	1	5	6	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	4	...	...	...
2 Airlie,	856	1	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
3 Arbirlot,	990	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Arbroath,	10,030	11	8	19	7	8	15	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	4	...	...	...
5 Auchterhouse,	686	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Barry,	2,175	1	1	2	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
7 Brechin,	8,210	5	4	9	5	3	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
8 Caraldstone,	207	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Carmylie,	1,240	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Cortachy,	722	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Craig,	1,934	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Dun,	737	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Dundee,	62,545	60	48	108	54	44	98	...	...	1	...	1	...	...	...	...	...	...	...	...	2	...	3	4	9	...	...	...
14 Dunnichen,	1,884	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carry forward,	...	81	70	151	69	60	129	...	...	1	1	2	...	...	...	...	...	...	...	...	5	2	6	7	20	...	...	...

Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
Brought forward,	...	81	70	151	69	60	129	...	...	1	1	2	...	...	...	...	...	...	...	...	5	2	6	7	20	...	...	...
15 Edzell,	1,084	2	2	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
16 Essie and Nevy,	706	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Farnell,	650	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Fearn,	392	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
19 Forfar,	11,099	7	7	14	6	7	13	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
20 Glammis,	2,152	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21 Glenisla,	1,050	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22 Guthrie,	469	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Inverarity,	948	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24 Inverkeillor,	1,871	2	1	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
25 Kettins,	995	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26 Kingoldrum,	429	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27 Kinnell,	826	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28 Kinnettles,	460	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
29 Kirkden,	1,763	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Kirriemuir,	7,617	3	12	15	2	9	11	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	4	...	...	...
31 Lethnot,	408	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32 Liff and Benvie,	18,949	17	16	33	13	15	28	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	1	5	...	...	...
33 Lintrathen,	926	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
34 Lochlee,	615	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
35 Logie-Pert,	1,609	1	5	6	1	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
36 Lunan,	279	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
37 Lundie and Fowlis-Er.,	750	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...
38 Mains & Strathmartin,	2,034	2	2	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
39 Marytoun,	366	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40 Menmuir,	693	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
41 Monifieth,	4,267	6	3	9	4	...	4	...	...	1	...	1	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...
42 Monikie,	1,317	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
43 Montrose,	15,822	10	19	29	9	18	27	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
44 Murroes,	643	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

45 Newtyle,	1,141	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
46 Oathlaw,	424	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
47 Panbride,	1,372	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
48 Rescobie,	711	1	1	2	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
49 Ruthven,	503	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
50 St. Vigeans,	9,796	9	10	19	8	7	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
51 Strickathrow,	506	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...	...
52 Tannadice,	1,517	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
53 Tealing,	844	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
Total,	192,247	150	159	309	120	133	253	...	...	2	2	4	...	...	1	...	1	...	...	...	16	13	11	11	51	...	...	...	...	...
HADDINGTON.																														
1 Aberlady,	1,099	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...	...
2 Athelstaneford,	971	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...	...	...
3 Bolton,	373	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Dirleton,	1,634	4	2	6	3	...	3	...	...	...	...	...	...	...	...	2	2	...	...	...	1	...	...	...	1	...	...	...	...	...
5 Dunbar,	4,415	7	7	14	...	1	1	...	...	...	...	...	...	...	3	4	7	...	...	...	1	2	3	...	6	...	...	...	...	...
6 Garvald,	869	1	3	4	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	2	...	...	3	...	...	...	...	...
7 Gladsmuir,	1,780	1	1	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...	...	...	...
8 Haddington,	5,525	5	3	8	...	...	...	...	...	...	...	...	...	...	3	3	6	...	...	...	1	...	1	...	2	...	...	...	...	...
9 Humbie,	925	5	2	7	...	...	...	...	...	...	...	...	...	...	5	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Innerwick,	1,012	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Morham,	249	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 North Berwick,	1,643	1	1	2	1	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Oldhamstocks,	692	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
14 Ormiston,	811	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
15 Pencaitland,	1,175	2	...	2	1	...	1	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Prestonkirk,	1,894	...	2	2	...	...	...	...	...	...	...	...	...	...	2	2	4	...	...	...	...	2	1	1	4	...	...	...	...	...
17 Prestonpans,	2,123	3	5	8	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Salton,	697	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	3	...	...	...	...	...
19 Spott,	595	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...
20 Stenton,	719	...	1	1	...	...	...	...	...	...	...	...	...	...	2	2	4	...	...	...	3	...	...	...	1	...	...	...	...	...
21 Tranent,	4,158	8	2	10	3	1	4	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
22 Whitekirk,	1,131	1	1	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Whittingham,	671	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24 Yester,	1,200	...	2	2	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	1	1	2	...	...	...	...	...
Total,	36,363	45	40	85	9	4	13	...	...	...	1	1	...	...	17	21	38	...	...	...	12	9	7	5	33	...	...	...	...	...

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																						
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
INVERNESS.																											
1 Alvie,	914	2	1	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
2 Ardersier,	1,337	2	2	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...
3 Barra,	1,873	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
4 Boleskine & Abertarff,	2,006	6	2	8	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	1	...	7	...	...	...
5 Bracadale,	1,597	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Cromdale,	3,990	2	6	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	5	...	1	8	...	...	...
7 Croy,	1,777	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	3	...	...	...
8 Daviot,	1,857	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
9 Dores,	1,650	1	2	3	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...	...
10 Duirnish,	5,330	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	...	5	...	...	...
11 Glenelg,	2,470	6	...	6	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	5	...	...	...
12 Harris,	4,250	8	5	13	...	1	1	...	1	...	...	1	...	...	...	...	...	...	...	...	7	3	1	...	11	...	...	...
13 Inverness,	16,496	15	12	27	10	7	17	1	1	...	...	2	...	...	3	2	5	...	...	...	1	1	...	1	3	...	...	...
14 Kilmallie,	5,235	8	7	15	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	4	5	2	2	13	...	...	...
15 Kilmonivaig,	2,583	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	...	5	...	...	...
16 Kilmorack,	3,007	5	4	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	3	1	9	...	...	...
17 Kilmuir, (Skye,)	3,177	4	1	5	1	...	1	...	...	...	...	...	...	...	1	1	2	...	...	...	1	...	1	...	2	...	...	...
18 Kiltarlity,	2,965	...	3	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...
19 Kingussie,	2,201	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
20 Kirkhill,	1,730	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
21 Laggan,	1,223	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22 Moy,	1,018	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	3	...	...	...
23 Petty,	1,784	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	3	...	...	...
24 Portree,	3,557	1	2	3	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	...	2	...	...	...
25 Sleat,	2,531	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
26 Small Isles,	916	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27 Snizort,	3,101	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
28 Strath,	3,243	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
29 Uist, North,	3,918	4	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	...	5	...	...	...
30 Uist, South,	6,173	3	4	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	4	...	...	7	...	...	...
31 Urquhart,	3,280	1	4	5	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	4	...	...	...

KINCARDINE.																													
1 Arbuthnot, . .	1,002	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
2 Banchory-Devenick,	3,078	1	3	4	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...
3 Banchory-Ternan, .	2,462	5	2	7	3	...	3	...	...	...	1	1	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...
4 Benholm, . .	1,641	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Bervie, . . .	1,459	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Dunottar, . .	1,949	1	3	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
7 Durris, . . .	962	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Fettercairn, . .	1,741	1	2	3	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Fetteresso, . .	5,720	4	5	9	4	3	7	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Fordoun, . .	2,386	1	2	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
11 Garvock, . .	457	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
12 Glenbervie, . .	1,239	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Kinneff, . . .	1,069	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 Laurencekirk, . .	2,125	3	4	7	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	4	...	...	...
15 Maryculter, . .	1,055	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Marykirk, . .	2,232	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Nigg, . . .	1,841	...	2	2	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	1	1	4	...	...	...
18 St. Cyrus, . .	1,579	2	2	4	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...
19 Strachan, . .	947	1	3	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
Total, . .	34,944	26	33	59	17	16	33	...	...	2	3	5	...	...	...	...	...	...	...	...	5	8	2	6	21	...	...	...
KINROSS.																													
1 Cleish, . . .	659	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Kinross, . . .	3,227	2	2	4	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	1	...	...	...	1	...	...	...
3 Orwell, . . .	2,569	2	1	3	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	1	2	...	...	...
4 Portmoak, . .	1,550	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	3	...	...	...
Total, . .	8,005	4	6	10	...	...	...	...	...	...	...	...	...	...	2	2	4	...	...	...	2	1	...	3	6	...	...	...
KIRKCUDBRIGHT.																													
1 Anwoth, . . .	900	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Balmaclellan, . .	1,145	2	2	4	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...
3 Balmaghie, . .	1,217	1	4	5	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...
4 Borgue, . . .	1,043	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Buittle, . . .	1,042	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carry forward,		3	7	10	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	2	7	...	...	...

APPENDIX A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
Brought forward,		3	7	10	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	...	2	7	...	...	...
6 Carsphairn,	855	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Colvend,	1,398	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Crossmichael,	1,362	3	...	3	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
9 Dalry,	1,238	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
10 Girthon,	1,787	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Kells,	1,091	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Kelton,	3,186	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
13 Kirkbean,	982	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 Kirkcudbright,	3,555	4	3	7	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...
15 Kirkgunzeon,	734	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Kirkmabreck,	2,266	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Kirkpatrick-Durham,	1,508	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Kirkpatrick-Irongray,	918	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19 Lochrutton,	726	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
20 Minigaff,	2,054	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
21 New Abbey,	1,098	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22 Parton,	731	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Rerrick,	1,725	...	3	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...
24 Terregles,	566	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Tongland,	924	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
26 Troqueer,	4,925	2	7	9	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	5	...	...	...
27 Twynholm,	782	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
28 Urr,	3,363	4	4	8	1	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	3	...	...	...
Total,	43,121	23	34	57	11	20	31	...	...	...	...	...	...	...	...	...	...	...	...	...	10	6	2	8	26	...	...	...

LANARK.																														
1 Avondale,	6,451	4	1	5	1	...	1	...	...	...	...	...	1	1	...	...	2	...	...	...	1	...	1	...	2	...	...	...
2 Barony,	136,283	51	70	121	1	...	1	50	69	...	...	119	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
3 Biggar,	2,049	2	2	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...
4 Blantyre,	2,848	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
5 Bothwell,	15,283	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
6 Calder,	5,014	3	1	4	1	1	2	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
7 Cambuslang,	3,306	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
8 Cambusnethan,	8,621	3	4	7	1	1	2	...	...	...	...	...	2	3	...	...	5	...	...	...	...	...	...	...	...	...	...	...
9 Carluke,	6,283	3	4	7	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	3	...	1	5	...	...	...
10 Carmichael,	805	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
11 Carmunnock,	710	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Carnwath,	3,551	3	1	4	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...
13 Carstairs,	1,066	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 Covington,	548	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 Crawford,	1,670	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Crawfordjohn,	1,111	4	2	6	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	...	5	...	...	...
17 Culter,	472	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
18 Dalserf,	3,583	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...
19 Dalziel,	2,262	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Dolphington,	305	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
21 Douglas,	2,611	3	1	4	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	...	2	...	...	...
22 Dunsyre,	312	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Glasgow,	148,116	108	117	225	60	74	134	44	38	...	...	82	...	...	2	1	3	...	...	...	2	3	...	1	6	...	...	...
24 Glassford,	1,955	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Gorbals,	11,114	2	9	11	...	1	1	...	...	...	...	...	1	2	1	6	10	...	...	...	...	...	...	...	...	...	...	...
26 Govan,	64,631	12	14	26	...	...	...	...	...	...	1	1	12	12	...	...	24	...	...	...	...	1	...	...	1	...	...	...
27 Hamilton,	11,740	5	10	15	...	...	...	...	...	...	...	...	2	5	...	...	7	...	...	...	1	3	2	2	8	...	...	...
28 Kilbride, East,	3,760	1	2	3	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...	1	...	...	1	...	...	...
29 Lanark,	8,243	3	1	4	...	...	...	...	...	...	...	...	3	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...
30 Lesmahago,	7,746	4	4	8	2	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	3	...	...	...
31 Libberton,	800	1	2	3	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2	...	...	2	...	...	...
32 Monkland, New,	23,201	6	5	11	1	...	1	...	...	...	...	...	4	4	...	...	8	...	...	...	1	1	...	...	2	...	...	...
33 Monkland, Old,	27,333	5	6	11	...	1	1	...	...	...	...	...	4	5	...	...	9	...	...	...	1	...	...	...	1	...	...	...
34 Pittenain,	428	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
35 Rutherglen,	7,954	7	2	9	2	...	2	...	...	...	...	...	1	...	...	...	1	...	...	...	4	2	...	...	6	...	...	...
36 Shotts,	5,982	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
37 Stonehouse,	2,781	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	3	...	...	...
38 Symington,	536	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
39 Wandell & Lamington,	369	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40 Walston,	497	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
41 Wiston and Roberton,	839	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
Total,	533,169	240	268	508	75	86	161	94	107	...	1	202	34	33	6	9	82	...	...	...	22	26	9	6	63	...	...	...

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
LINLITHGOW.																												
1 Abercorn, . .	977	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
2 Bathgate, . .	4,533	2	2	4	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Borrowstounness .	5,192	3	2	5	2	...	2	...	...	...	...	...	...	...	1	1	2	...	...	...	...	1	...	...	1	...	...	...
4 Carriden, . .	1,724	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Dalmeny, . .	1,243	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
6 Ecclesmachen, .	289	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Kirkliston, . .	2,029	3	2	5	2	1	3	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	1	...	1	...	...	...
8 Linlithgow, . .	6,115	3	5	8	1	5	6	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	1	...	...	...
9 Livingstone, . .	1,289	1	3	4	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	3	...	...	3	...	...	...
10 Queensferry, . .	720	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
11 Torphichen, . .	1,356	1	..	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Uphall, . . .	1,331	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
13 Whitburn, . .	3,792	3	...	3	1	...	1	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...
Total, . .	30,590	22	17	39	12	9	21	...	...	...	...	...	...	...	5	2	7	...	...	...	4	6	1	...	11	...	...	...
NAIRN.																												
1 Ardclach, . .	1,278	1	3	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	3	...	...	...
2 Auldearn, . .	1,480	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	3	...	...	...
3 Cawdor, . .	1,202	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Nairn, . . .	4,116	6	4	10	5	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	4	...	...	...
Total, . .	8,076	10	9	19	7	2	9	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	...	2	10	...	...	...

ORKNEY & SHETLAND.

ORKNEY.

1 Birsay and Harray,	2,499	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
2 Cross and Burness,	1,526	1	6	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5	...	1	7	...	...	...
3 Eday,	1,016	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
4 Evie and Rendal,	1,446	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Firth,	692	2	1	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...
6 Holm,	749	1	3	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
7 Hoy and Græmsay,	615	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...
8 Kirkwall,	3,990	...	4	4	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
9 Lady,	1,004	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...
10 Orphir,	1,157	2	1	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...
11 Ronaldshay, South,	3,086	3	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	1	5	...	...	...
12 Rousay and Egilshay,	1,215	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...
13 St. Andrews & Deerness,	1,712	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
14 Sandwick,	1,107	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...
15 Shapinshay,	899	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Stennis,	635	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Stromness,	2,770	1	3	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
18 Stronsay,	1,211	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19 Walls and Flotta,	1,667	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Westray & Papa Westray	2,459	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
Total,	31,455	16	28	44	3	9	12	...	...	...	...	...	...	...	...	...	...	...	...	...	12	16	1	3	32	...	...	...

SHETLAND.

21 Bressay,	1,812	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22 Delting,	2,124	2	1	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
23 Dunrossness,	4,505	2	...	2	1	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
24 Fetlar and North Yell,	1,656	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Lerwick,	3,390	1	4	5	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	3	...	...	...
26 Nestling,	2,420	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27 North Mavine,	2,534	3	1	4	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	3	...	...	...
28 Sandsting,	2,603	2	1	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
29 Tingwall,	2,874	2	...	2	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...
30 Unst,	2,977	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Walls,	2,442	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
32 Yell,	1,741	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	31,078	12	8	20	4	3	7	...	...	...	...	...	...	...	2	...	2	...	...	...	5	3	1	1	10	...	1	1

Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																									
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.					
																					Of Relatives.		Of others not Relatives.							
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	F.	M.	F.	M.	F.		M.	F.	T.			
PEEBLES.																														
1 Broughton,	881	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Drumelzier,	244	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Eddlestone,	790	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Innerleithen,	1,236	..	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Kirkurd,	326	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Linton, West,	1,630	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Lyne and Megget,	158	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Manor,	256	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Newlands,	950	2	...	2	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Peebles,	2,673	...	6	6	...	...	...	...	...	...	...	...	...	...	...	5	5	...	...	...	...	1	...	...	1	...	...	...	...	...
11 Skirling,	316	1	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
12 Stobo,	478	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Traquair,	646	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 Tweedsmuir,	220	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total,	10,804	4	9	13	2	1	3	...	...	...	...	...	...	...	1	7	8	...	...	...	1	1	...	...	2	...	...	...	...	...
PERTH.																														
1 Aberdalgie,	343	1	1	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	1	...	...	...	...	...
2 Aberfoyle,	514	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
3 Abernethy,	2,026	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Abernyte,	275	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Alyth,	3,152	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...
6 Auchterarder,	4,160	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	4	...	...	...	...	...
7 Auchtergaven,	3,232	5	2	7	4	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
8 Balquhidder,	874	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
9 Bendochy,	773	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

10 Blackford,	2,012	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
11 Blair-Athol,	2,084	6	6	12	2	1	3	...	...	...	...	...	...	...	...	1	1	...	...	...	3	3	1	1	8	...	...	...
12 Blairgowrie,	4,297	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
13 Callander,	1,716	1	3	4	1	...	1	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	1	1	...	...	...
14 Caputh,	2,037	3	4	7	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...
15 Cargill,	1,629	1	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
16 Clunie,	723	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
17 Collace,	581	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
18 Comrie,	2,463	1	3	4	1	1	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	...	...	...
19 Coupar-Angus,	2,972	2	3	5	1	...	1	...	...	...	...	...	...	...	1	3	4	...	...	...	...	...	...	1	1	...	...	...
20 Crieff,	4,504	3	2	5	...	1	1	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...
21 Culross,	1,487	...	4	4	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
22 Dowally,	1,104	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
23 Dron,	394	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24 Dull,	3,342	5	4	9	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Dunbarney,	1,066	1	2	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	2	8	...	...	...
26 Dunblane,	3,213	4	3	7	4	3	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...
27 Dunkeld,	558	2	1	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28 Dunkeld, Little,	2,155	3	3	6	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
29 Dunning,	2,206	3	3	6	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	4	...	...	...
30 Errol,	2,796	6	3	9	2	1	3	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	1	...	3	...	...	...
31 Forgandenny,	828	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	1	6	...	...	...
32 Forteviot,	638	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
33 Fortingall,	2,486	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
34 Fossaway,	1,621	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...
35 Foulis-Wester,	1,483	4	1	5	2	...	2	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	1	...	...	...
36 Gask,	405	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	3	...	...	...
37 Glendevon,	128	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
38 Inchture,	745	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
39 Kenmore,	2,257	2	11	13	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	8	...	2	11	...	...	...
40 Killin,	1,608	3	6	9	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	2	5	...	...	7	...	...	...
41 Kilmadock,	3,659	2	3	5	...	...	...	...	...	...	1	1	...	...	1	...	1	...	...	...	1	1	...	1	3	...	...	...
42 Kilspindie,	684	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
43 Kincardine,	1,993	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
44 Kinclaven,	881	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
45 Kinfauns,	650	...	1	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
46 Kinloch,	309	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
47 Kinnaird,	370	...	2	2	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	2	...	...	...
48 Kinnoul,	3,134	7	2	9	5	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
Carry forward,		80	88	188	34	24	58	...	...	...	2	2	...	...	7	13	20	...	...	...	33	35	6	14	88	...	...	...

Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
Brought forward,		80	88	188	34	24	58	...	...	...	2	2	...	...	7	13	20	...	...	...	33	35	6	14	88	...	...	...
49 Kirkmichael, . .	1,280	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
50 Lethendy, . .	247	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
51 Logierait, . .	2,875	4	1	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	4	...	...	...
52 Longforgan, . .	1,787	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
53 Madderty, . .	593	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
54 Meigle, . . .	686	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
55 Methven, . .	2,454	4	2	6	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	3	...	...	...
56 Moneydie, . .	321	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
57 Monivaird, . .	790	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
58 Monzie, . . .	1,199	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...
59 Moulin, . . .	2,022	4	1	5	...	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...	3	...	...	...	3	...	...	...
60 Muckhart, . .	685	1	1	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...
61 Muthil, . . .	2,972	...	5	5	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	3	...	...	...
62 Perth, . . .	22,232	20	16	36	1	2	3	...	...	...	...	...	...	...	16	13	29	...	...	...	3	...	...	1	4	...	...	...
63 Port-of-Monteith, .	1,419	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
64 Rattray, . . .	2,336	1	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
65 Redgorton, . .	2,047	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
66 Rhynd, . . .	338	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
67 Scone, . . .	2,381	3	2	5	3	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
68 St. Madoes, . .	288	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69 St. Martins, . .	983	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
70 Tibbermuir, . .	1,495	3	2	5	1	...	1	...	...	...	...	...	...	...	1	2	3	...	...	...	1	...	...	...	1	...	...	...
71 Trinity-Gask, . .	597	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...
72 Tulliallan, . .	3,043	2	1	3	1	...	1	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...
73 Weem, . . .	740	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
Total, . .	138,377	128	133	261	47	39	86	...	...	...	2	2	...	...	26	29	55	...	...	...	46	44	9	19	118	...	...	...

1 Abbey,	28,549	23	20	43	...	...	...	23	20	...	...	43	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Cathcart,	2,916	3	4	7	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
3 Eaglesham,	2,524	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...
4 Eastwood,	9,243	2	3	5	1	...	1	1	...	...	...	1	...	1	...	1	2	...	...	...	1	...	...	1	...	...	...	...
5 Erskine,	1,232	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
6 Greenock,	37,436	19	29	48	...	...	...	18	27	...	...	45	...	1	...	...	1	...	...	...	1	1	...	...	2	...	...	...	...
7 Houston,	2,753	2	...	2	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Inchinnin,	649	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Innerkip & Gourock,	3,018	...	2	2	...	...	...	...	...	...	1	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
10 Kilbarchan,	5,474	3	2	5	1	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	2	...	...	1	3	...	...	...	...
11 Kilmalcolm,	1,399	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 Lochwinnoch,	4,153	6	3	9	...	...	...	...	...	1	...	1	1	...	...	...	1	...	...	...	4	3	...	...	7	...	...	...	...
13 Mearns,	3,704	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...	...
14 Neilston,	12,233	3	8	11	...	...	...	...	...	1	5	6	...	...	...	...	...	...	...	...	2	1	...	2	5	...	...	...	...
15 Paisley,	31,752	10	16	26	...	...	...	2	4	...	...	6	8	12	...	...	20	...	...	...	...	...	...	...	...	...	...	...	...
16 Port-Glasgow,	7,017	6	7	13	2	2	4	...	...	...	...	...	2	2	...	...	4	...	...	...	2	...	...	3	5	...	...	...	...
17 Renfrew,	3,898	4	1	5	3	1	4	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Total,	157,950	83	99	182	10	6	16	44	51	4	7	106	12	17	...	1	30	...	...	...	13	9	...	8	30	...	...	...	...
ROSS AND CROMARTY.																													
1 Alness,	1,240	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
2 Applecross,	2,709	5	1	6	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	5	...	...	...	...
3 Avoch,	2,029	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
4 Barvas,	4,189	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...
5 Contin,	1,562	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3	...	...	...	...
6 Cromarty,	2,727	5	2	7	3	...	3	...	...	...	...	...	...	...	1	...	1	...	...	...	...	2	1	...	3	...	...	...	...
7 Dingwall,	2,364	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Edderton,	890	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Fearn,	2,122	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Fodderty,	2,342	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
11 Gairloch,	5,162	5	3	8	1	...	1	...	...	...	...	...	...	...	2	...	2	...	...	...	1	3	1	...	5	...	...	...	...
12 Glensheil,	573	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Killearnan,	1,794	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...	...
14 Kilmuir, Easter,	1,437	3	2	5	1	1	2	1	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...
15 Kiltearn,	1,538	2	1	3	2	...	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
16 Kincardine,	1,896	3	2	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	4	...	...	...	...
Carry forward,		29	19	48	10	3	13	1	...	...	...	1	...	...	3	2	5	...	...	...	13	12	2	2	29	...	...	...	...

APPENDIX A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																				Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
Brought forward,		29	19	48	10	3	13	1	...	...	...	1	...	...	3	2	5	...	...	...	13	12	2	2	29	...	...	...
17 Kintail, . . .	1,009	1	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	5	...	...	...
18 Knockbain, . .	3,005	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
19 Lochalsh, . .	2,299	2	4	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	...	6	...	...	...
20 Lochbroom, . .	4,813	4	3	7	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	6	...	...	...
21 Lochcarron, . .	1,612	3	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	4	...	...	...
22 Lochs, . . .	4,256	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	4	...	...	...
23 Logie, Easter, .	965	1	3	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	3	...	...	...
24 Nigg, . . .	1,457	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Resolis, or Kirkmichael,	1,551	3	1	4	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	1	...	...	2	...	...	...
26 Rosemarkie, . .	1,776	2	2	4	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	1	1	...	1	3	...	...	...
27 Rosskeen, . .	3,699	1	7	8	1	2	3	...	...	...	...	...	...	...	...	1	1	...	...	...	...	4	...	...	4	...	...	...
28 Stornoway, . .	8,057	4	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	...	5	...	...	...
29 Tain, . . .	3,574	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
30 Tarbat, . . .	2,151	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Uig, . . .	3,209	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32 Urquhart, . .	3,153	...	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
33 Urray, . . .	2,621	4	2	6	1	...	1	...	...	...	...	...	...	...	1	...	1	...	...	...	2	2	...	...	4	...	...	...
Total, . .	83,781	62	50	112	16	8	24	1	...	1	...	2	...	...	5	3	8	...	...	...	35	35	4	4	78	...	...	...
ROXBURGH.																												
1 Ancrum, . . .	1,554	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...
2 Ashkirk, . . .	578	1	1	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
3 Bedrule, . . .	240	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Bowden, . . .	981	1	4	5	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...
5 Castleton, . .	2,130	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
6 Cavers, . . .	1,840	2	2	4	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	2	...	...	3	...	...	...
7 Crailing, . . .	734	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...

8	Eckford	1,073	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
9	Ednam,	658	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
10	Hawick,	8,006	6	9	15	2	...	2	...	...	...	...	...	...	...	...	4	4	...	...	...	4	5	...	...	9	...	...	...
11	Hopekirk,	720	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
12	Hownam,	252	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
13	Jedburgh,	5,476	9	6	15	1	1	2	1	...	...	...	1	...	...	2	2	4	...	...	...	5	2	...	1	8	...	...	...	...
14	Kelso,	5,634	5	4	9	1	1	2	...	...	...	...	...	...	...	3	3	6	...	...	...	1	...	...	...	1	...	...	...	...
15	Kirkton,	282	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16	Lilliesleaf,	798	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...
17	Linton,	630	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18	Mackerston,	345	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19	Maxton,	550	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20	Melrose,	7,365	1	6	7	...	5	5	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...
21	Minto,	467	4	1	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	...	5	...	...	...	...
22	Morebattle,	997	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...	...
23	Oxnam,	669	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...
24	Roberton,	670	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25	Roxburgh,	1,141	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26	St. Boswells,	884	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	...
27	Smailholm,	617	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28	Southdean,	845	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
29	Sprouston,	1,424	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
30	Stitchel,	426	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31	Wilton,	2,557	3	1	4	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	3	...	...	...	...
32	Yetholm,	1,352	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total,	51,895	42	42	84	4	10	14	1	...	...	...	1	...	...	8	11	19	...	...	...	27	19	2	2	50	...	...	...	...
	SELKIRK.																													
1	Ettrick,	477	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	3	...	...	...	...
2	Galashiels,	3,014	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3	Kirkhope,	...	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
4	Selkirk,	4,347	1	6	7	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	1	2	...	1	4	...	...	...	...
5	Yarrow,	1,294	...	3	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...
	Total,	9,132	5	11	16	2	1	3	...	...	...	...	...	...	...	...	3	3	...	...	...	3	6	...	1	10	...	...	...	...

Appendix A.—I. (*a*)—*continued.*

COUNTIES AND PARISHES.	Population in 1851.	Number of Pauper Lunatics belonging to Parish.			DISTRIBUTION OF PAUPER LUNATICS.																							
					In Chartered Asylums.			In Poorhouse of Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Prisons.			In charge				Total in charge of Relatives and Strangers.	Wandering or at large.		
																					Of Relatives.		Of others not Relatives.					
		M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.	M.	F.	M.	F.		M.	F.	T.
STIRLING.																												
1 Airth,	1,319	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
2 Alva,	3,204	3	1	4	2	...	2	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...
3 Baldernock,	801	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Balfron,	1,900	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	3	...	...	...
5 Bothkennar,	1,179	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Buchanan,	632	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...
7 Campsie,	6,918	3	2	5	3	...	3	...	...	...	...	...	...	...	...	1	1	...	...	...	...	1	...	...	1	...	...	...
8 Denny,	4,754	2	...	2	1	...	1	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Drymen,	1,481	2	...	2	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	1	...	...	...
10 Dunipace,	1,472	1	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Falkirk,	16,438	9	11	20	...	...	...	9	10	...	...	19	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
12 Fintry,	823	2	2	4	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...
13 Gargunnock,	754	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
14 Killearn,	1,176	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
15 Kilsyth,	5,346	6	5	11	4	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	1	5	...	...	...
16 Kippen,	1,892	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	4	...	...	...
17 Larbert,	4,606	1	1	2	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Lecropt,	442	2	...	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
19 Muiravonside,	2,647	1	3	4	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...
20 Polmont,	3,764	2	5	7	...	2	2	...	...	...	...	...	...	...	1	1	2	...	...	...	...	1	1	1	3	...	...	...
21 St. Ninians,	9,851	4	6	10	1	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	3	6	...	...	...
22 Slamannan,	1,655	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Stirling,	10,180	5	9	14	...	...	...	...	...	1	1	1	...	...	5	7	12	...	...	...	...	...	...	1	1	...	...	...
24 Strathblane,	1,010	3	...	3	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
Total,	84,244	48	55	103	16	10	26	9	10	3	3	25	...	...	8	11	19	...	...	...	7	13	5	8	33	...	...	...

SUTHERLAND.																														
1 Assynt,	2,989	3	...	3	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...
2 Clyne,	1,933	1	3	4	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	1	1	...	...	2	...	...	...	...
3 Creich,	2,714	2	3	5	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	2	1	...	2	5	...	...	...	...
4 Dornoch,	2,981	...	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	6	...	...	...	...
5 Duirness,	1,152	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...
6 Eddrachillis,	1,576	3	2	5	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	3	1	...	...	4	...	...	...	...
7 Farr,	2,203	3	2	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	4	1	...	...	1
8 Golspie,	1,529	1	2	3	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
9 Kildonan,	2,288	1	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	4	...	...	...	...
10 Lairg,	1,162	3	...	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...
11 Loth,	640	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	2	...	...	...	...
12 Rogart,	1,535	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	1	3	...	...	...	...
13 Tongue,	2,018	3	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	3	1	...	1	...
Total,	24,720	21	29	50	4	2	6	...	...	...	...	...	...	...	...	3	3	...	...	...	15	20	...	4	39	2	...	2	...
WIGTON.																														
1 Glasserton,	1,487	3	2	5	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	4	...	...	...	...
2 Inch,	3,122	2	1	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...
3 Kirkcolm,	2,018	4	3	7	2	2	4	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	3	...	...	...	...
4 Kirkinner,	1,914	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
5 Kirkmaiden,	2,681	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Kirkowan,	1,541	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...
7 Leswalt,	3,021	4	3	7	...	...	...	1	2	...	...	3	...	...	...	...	...	...	...	2	1	1	...	4	...	...	...	...
8 Luce, New,	791	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Luce, Old,	2,841	3	...	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	2	...	...	...	...
10 Mochrum,	2,946	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
11 Penninghame,	4,155	3	2	5	3	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
12 Portpatrick,	1,963	3	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	6	...	...	...	...
13 Sorby,	1,886	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
14 Stoneykirk,	3,321	4	9	13	4	2	6	...	1	...	...	1	...	...	...	...	...	...	...	...	5	...	1	6	...	...	...	...
15 Stranraer,	3,877	3	2	5	2	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...
16 Whithorn,	3,001	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Wigton,	2,824	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
Total,	43,389	35	26	61	16	6	22	1	3	...	...	4	...	...	...	...	...	...	...	14	14	4	3	35	...	...	...	...

Appendix A.—I. (*b.*)

Abstract of Returns obtained from the Board of Supervision for Relief of the Poor—shewing the manner in which Pauper Lunatics maintained wholly or partially by Parochial Boards, are distributed as regards the Nature and Locality of the Establishment or House in which they are placed; distinguishing Chartered Asylums, Poorhouses, and Private Licensed Houses; and further, distinguishing Poorhouses, within the Parish, or Combination of Parishes, that maintains the Pauper Lunatic, and Poorhouses situated beyond the same; and shewing also the Numbers of each Sex, and the Proportion of Pauper Lunatics to the Population, and to Paupers,—*as on 14th May* 1855.

COUNTIES.	Population in 1851.	Number of Paupers in County.	Number of Pauper Lunatics belonging to County.			DISTRIBUTION OF PAUPER LUNATICS.																					Proportion per 1000 of Pauper Lunatics to Population.	Proportion per 100 of Pauper Lunatics to Paupers.
						In Chartered Asylums.			In Poorhouse of own Parish or Combination.		In Poorhouse of other Parishes.		Total in Poorhouses.	In Private Licensed Houses in County.		In Private Licensed Houses beyond County.		Total in Private Licensed Houses.	In Charge				Total in charge of Relatives and Strangers.	Wandering or at large.					
																			Of Relatives.		Of others not Relatives.								
			M.	F.	T.	M.	F.	T.	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	T.		
1 Aberdeen	212,711	5,834	121	150	271	72	99	171	13	9	3	...	25	...	...	...	3	3	27	30	6	9	72	...	...	...	1.273	4.64
2. Argyll	88,807	3,425	64	80	144	9	16	25	...	...	1	1	2	...	...	9	14	23	39	37	6	12	94	...	...	...	1.621	4.20
3 Ayr	189,973	4,534	76	79	155	30	20	50	1	1	...	...	2	...	...	13	10	23	23	31	9	17	80	...	...	...	.815	3.41
4 Banff	53,141	1,549	22	54	76	6	11	17	...	...	...	...	...	...	...	2	2	4	9	25	5	16	55	...	...	...	1.392	4.77
5 Berwick	36,165	1,131	27	31	58	7	3	10	...	...	...	...	...	...	...	4	14	18	13	8	3	6	30	...	...	...	1.603	5.12
6 Bute	16,608	472	11	12	23	4	3	7	...	...	2	...	2	...	...	1	1	2	4	5	...	3	12	...	...	...	1.384	4.87
7 Caithness	39,782	1,531	27	30	57	6	3	9	...	...	...	...	...	...	...	...	3	3	20	18	1	6	45	...	...	...	1.432	3.72
8 Clackmannan	24,106	490	5	16	21	3	1	4	...	...	...	1	1	...	...	1	10	11	1	1	...	3	5	...	...	...	.871	4.28
9 Dumbarton	46,995	1,106	24	23	47	14	11	25	...	...	3	3	6	...	...	4	2	6	1	7	2	...	10	...	...	...	1.000	4.24
10 Dumfries	78,149	2,004	51	58	109	32	17	49	...	...	...	...	...	...	...	...	1	1	16	27	3	13	59	...	...	...	1.394	5.43
11 Edinburgh	259,493	8,070	216	307	523	133	160	293	35	86	...	...	121	20	22	3	...	45	18	20	7	19	64	...	...	...	2.015	6.48
12 Elgin or Moray	39,494	1,243	27	32	59	...	...	...	...	...	2	...	2	13	16	...	...	*29	9	13	3	3	28	...	...	...	1.493	4.74
13 Fife	153,789	3,169	81	94	175	22	21	43	8	16	...	...	24	1	...	31	36	67	18	12	2	9	41	...	...	...	1.144	5.55

15 Haddington .	36,363	1,063	45	40	85	9	4	13	...	...	...	1	1	...	...	17	21	38	12	9	7	5	33	...	...	...	2.337	7.99
16 Inverness .	97,189	3,733	82	72	154	16	15	31	1	2	...	...	3	...	...	6	4	10	49	43	10	8	110	...	...	...	1.584	4.12
17 Kincardine .	34,944	1,049	26	33	59	17	16	33	...	...	2	3	5	...	...	...	...	...	5	8	2	6	21	...	...	...	1.688	5.62
18 Kinross . .	8,005	158	4	6	10	...	...	...	...	...	...	...	...	...	...	2	2	4	2	1	...	3	6	...	...	...	1.249	6.32
19 Kirkcudbright .	43,121	1,341	23	34	57	11	20	31	...	...	...	...	...	...	...	...	...	...	10	6	2	8	26	...	...	...	1.321	4.25
20 Lanark . .	533,169	12,902	240	268	508	75	86	161	94	107	...	1	202	34	33	6	9	82	22	26	9	6	63	...	...	...	.952	3.93
21 Linlithgow .	30,590	816	22	17	39	12	9	21	...	...	...	...	...	...	...	5	2	7	4	6	1	...	11	...	...	...	1.271	4.77
22 Nairn . .	8,076	271	10	9	19	7	2	9	...	...	...	...	...	...	...	...	...	...	3	5	...	2	10	...	...	...	2.352	7.01
23 Orkney . .	31,455	872	16	28	44	3	9	12	...	...	...	...	...	...	...	...	...	...	12	16	1	3	32	...	...	...	1.398	5.04
Shetland . .	31,078	649	12	8	20	4	3	7	...	...	...	...	...	...	...	2	...	2	5	3	1	1	10	...	1	1	.643	3.08
24 Peebles . .	10,804	280	4	9	13	2	1	3	...	...	...	...	...	...	...	1	7	8	1	1	...	...	2	...	...	...	1.203	4.64
25 Perth . .	138,377	3,665	128	133	261	47	39	86	...	...	...	2	2	...	...	26	29	55	46	44	9	19	118	...	...	...	1.886	7.12
26 Renfrew . .	157,950	3,631	83	99	182	10	6	16	45	51	4	7	106	12	17	...	1	30	13	9	...	8	30	...	...	...	1.152	5.01
27 Ross & Cromarty	83,781	3,457	62	50	112	16	8	24	1	...	1	...	2	...	...	5	3	8	35	35	4	4	78	...	...	...	1.336	3.23
28 Roxburgh .	51,895	1,338	42	42	84	4	10	14	1	...	...	...	1	...	...	8	11	19	27	19	2	2	50	...	...	...	1.618	6.27
29 Selkirk . .	9,132	178	5	11	16	2	1	3	...	...	...	...	...	...	...	...	3	3	3	6	...	1	10	...	...	...	1.752	8.98
30 Stirling . .	84,244	1,871	48	55	103	16	10	26	9	10	3	3	25	...	...	8	11	19	7	13	5	8	33	...	...	...	1.222	5.50
31 Sutherland .	24,720	1,000	21	29	50	4	2	6	...	...	...	...	...	...	...	...	3	3	15	20	...	4	39	2	...	2	2.022	5.00
32 Wigton . .	43,389	1,568	35	26	61	16	6	22	1	3	...	...	4	...	...	...	...	...	14	14	4	3	35	...	...	...	1.405	3.89
Totals,	2,338,742	79,887	1810	2094	3904	729	745	1474	208	285	23	24	540	79	88	155	202	524	499	531	5	218	1363	2	1	3	1.351	4.88

* In Elgin Pauper Asylum.

Appendix A.—II.

General Abstract of the Returns obtained from the Procurators Fiscal and Constabulary Force, shewing the Numbers of Idiots, Lunatics, and Fatuous Persons, resident with Relatives, Strangers, or Alone, not under the official cognizance of the Sheriff, in the different Counties of Scotland; specifying the Duration of the Malady, the Ages of the Patients, whether or not they are in receipt of Parochial Relief, whether resident with Relatives or Strangers, and whether reported as well or badly cared for; and further, stating the numbers of Fatuous Females reported as having given birth to Illegitimate Children.

County.	Population in 1851.			No. of idiots, lunatics, and fatuous persons.			Duration of malady.				Ages of idiots, lunatics, and fatuous persons.								In receipt of parochial relief.	Not in receipt of parochial relief.	Residence of idiots, lunatics, and fatuous persons.						Numbers that have been in confinement.	Number reported as			Fatuous females with illegitimate children.	Not stated whether well or ill cared for.
																					Private.			Pauper.							
	Male.	Female.	Total.	Male.	Female.	Total.	Less than 1 year.	Above 1 and less than 3 yrs.	Above 3 years.	Congenital.	1-10.	11-20.	21-30.	31-40.	41-50.	51-60.	61-70.	71-100.			With Relatives.	With Strangers.	With no one to take charge of them.	With Relatives.	With Strangers.	With no one to take charge of them.		Well cared for.	Indifferently or badly cared for.	Requiring restraint.		
1 Aberdeen,	100,255	111,777	212,032	220	160	380	2	6	101	271	35	83	89	57	45	35	26	10	133	247	207	30	10	73	51	9	38	308	45	35	12	27
2 Argyll,	43,935	45,363	89,298	127	97	224	5	3	83	133	5	37	40	50	40	36	9	7	153	71	49	19	3	101	40	12	26	154	50	15	9	20
3 Ayr,	92,930	96,928	189,858	136	113	249	4	10	84	151	15	40	51	50	42	18	21	12	123	126	95	29	2	61	52	10	22	189	57	19	15	3
4 Banff,	25,575	28,596	54,171	62	84	146	..	3	53	90	10	17	25	16	30	20	19	9	84	62	47	12	3	39	32	13	11	111	23	14	7	12
5 Berwick,	17,433	18,864	36,297	46	22	68	..	..	14	54	1	17	8	5	17	9	8	3	35	33	27	6	..	19	13	3	3	59	9	..	..	..
6 Bute,	7,518	9,090	16,608	23	30	53	..	4	24	25	..	10	11	8	13	3	7	1	14	39	26	11	2	6	8	..	8	53	..	..	1	..
7 Caithness,	18,329	20,380	38,709	68	72	140	..	1	47	92	3	15	31	23	23	21	18	6	90	50	46	3	1	60	18	12	1	76	54	3	14	10
8 Clackmannan,	11,342	11,609	22,951	12	15	27	..	1	9	17	2	8	4	9	2	1	..	1	11	16	16	..	..	3	7	1	5	18	4	..	2	5
9 Dumbarton,	22,400	22,703	45,103	34	22	56	1	..	21	34	6	16	8	9	8	5	4	..	25	31	21	10	..	11	14	..	13	29	14	4	3	13
10 Dumfries,	37,186	40,937	78,123	55	69	124	2	6	45	71	4	15	33	20	25	12	11	4	70	54	39	14	1	39	27	4	24	114	10	..	3	..
11 Edinburgh,	119,384	140,051	259,435	75	50	125	1	1	36	87	10	29	26	24	17	14	4	1	58	67	52	14	1	35	14	9	9	75	11	3	2	39
12 Elgin or Moray,	18,191	20,768	38,959	44	40	84	2	2	25	55	4	18	19	15	14	9	4	1	37	47	37	8	2	25	12	..	12	78	1	3	..	5
13 Fife,	73,175	80,371	153,546	119	96	215	5	3	63	144	10	41	56	29	32	21	16	10	74	141	113	24	4	47	14	13	17	187	15	10	2	13
14 Forfar,	88,324	102,940	191,264	71	79	150	4	3	51	92	8	33	35	22	21	17	9	5	89	61	47	13	1	28	56	5	12	109	13	2	5	28
15 Haddington,	17,610	18,776	36,386	36	25	61	2	3	18	38	2	12	8	8	14	8	8	1	35	26	21	4	1	14	18	3	1	53	4	2	2	4
16 Inverness,	44,961	51,539	96,500	95	80	175	1	4	80	90	4	14	45	40	32	16	14	10	123	52	42	10	..	86	35	2	5	93	18	9	10	64
17 Kincardine,	17,008	17,590	34,598	22	38	60	1	..	19	40	5	11	7	14	16	3	3	1	29	31	23	8	..	14	14	1	4	49	2	..	2	9
18 Kinross,	4,305	4,619	8,924	16	16	32	..	..	12	20	2	1	10	5	6	4	2	2	15	17	9	8	..	8	7	..	10	16	2	1	1	14
19 Kirkcudbright,	20,223	22,898	43,121	31	39	70	..	1	20	49	6	11	14	14	12	10	3	..	37	33	30	3	..	20	16	1	6	34	24	1	3	12
20 Lanark,	257,060	273,109	530,169	91	72	163	2	..	79	82	6	39	33	28	18	20	11	8	98	65	55	10	..	68	20	10	12	137	19	2	2	7
21 Linlithgow,	15,194	14,941	30,135	19	18	37	1	1	4	31	1	7	6	6	10	5	2	..	17	20	18	2	..	13	4	..	..	32	5	1	2	..
22 Nairn,	4,695	5,261	9,956	8	11	19	..	..	6	13	1	4	3	4	5	2	..	..	12	7	6	..	1	11	..	1	1	16	3	..	1	..
23 Orkney, and Shetland,	14,350	17,105	31,455	63	56	119	..	2	43	74	8	23	19	24	14	20	8	3	51	68	62	3	3	34	14	3	2	83	11	4	5	25
	13,145	17,933	31,078	64	66	130	1	1	25	103	10	24	29	31	15	9	9	3	55	75	65	10	..	35	19	1	..	67	57	50	3	6
24 Peebles,	5,364	5,374	10,738	8	3	11	..	1	3	7	3	1	2	..	1	3	..	1	3	8	8	..	..	2	1	..	..	9	1	1	..	1
25 Perth,	66,337	72,323	138,660	159	126	285	2	9	96	178	14	43	50	50	53	42	20	13	150	135	107	23	5	100	40	10	14	150	64	10	10	71
26 Renfrew,	75,690	85,401	161,091	36	32	68	2	4	28	34	4	16	9	13	8	9	7	2	32	36	33	2	1	19	10	3	13	44	7	..	2	17
27 Ross & Cromarty,	39,012	43,695	82,707	86	77	163	2	9	50	102	6	22	40	35	24	24	7	5	125	38	34	2	2	101	16	8	7	105	30	4	2	28
28 Roxburgh,	25,212	26,430	51,642	50	56	106	1	..	46	59	3	29	9	22	20	13	7	3	56	50	45	3	2	33	20	3	6	69	19	2	4	18
29 Selkirk,	4,850	4,959	9,809	12	15	27	..	1	16	10	..	2	6	5	5	4	1	4	13	14	11	3	..	7	4	2	2	11	2	..	..	14
30 Stirling,	42,234	44,003	86,237	40	44	84	1	2	48	33	2	17	19	13	14	11	6	2	48	36	30	2	4	36	11	1	2	70	9	..	1	5
31 Sutherland,	11,917	13,876	25,793	25	31	56	..	2	30	24	2	4	12	11	11	11	2	3	49	7	6	1	..	37	12	..	1	41	2	1	..	13
32 Wigton,	20,335	23,054	43,389	50	41	91	1	3	31	56	8	18	19	19	7	14	5	1	54	37	26	10	1	32	21	1	5	67	20	..	1	4
Totals,	1,375,479	1,513,263	2,888,742	2,003	1,795	3,798	43	86	1310	2359	200	677	776	679	614	449	271	132	1,998	1,800	1453	297	50	1217	640	141	292	2706	605	196	126	487

Appendix A.—III.

General Table of the Total Numbers of the Insane in Scotland, constructed from various Returns, distinguishing Males and Females, Lunatics and Idiots, and shewing their actual Distribution in the different Counties, and the Nature of the Houses in which they are resident.

COUNTY.	Population in 1851.			Number of Insane.			Nature of Insanity.		Number of Private Insane.	Number of Pauper Insane.	Number of Criminal Insane.	Residences of Private Insane.									Residences of Pauper Insane.									Residence of Criminal Lunatics.	
	Male.	Female.	Total.	Male.	Female.	Total.	Congenital Idiots.	Lunatics.				In Chartered Asylums.	In Licensed Houses.	In Poor-houses.	In Reported Houses.	In Idiot Schools.	In Unlicensed Establishments.	With Relatives.	With Strangers.	With no one to take charge of them.	In Chartered Asylums.	In Licensed Houses.	In Poor-houses.	In Reported Houses.	In Idiot Schools.	In Unlicensed Establishments.	With Relatives.	With Strangers.	With no one to take charge of them.	In Central Prison, Perth.	In County Jails.
1 Aberdeen,	100,255	111,777	212,032	373	328	701	306	395	306	395	..	50	9	..	..	..	..	207	30	10	223	..	36	3	..	..	73	51	9	..	..
2 Argyll,	43,935	45,363	89,298	127	97	224	133	91	71	153	..	..	..	..	..	..	..	49	19	3	..	..	..	..	..	..	101	40	12	..	..
3 Ayr,	92,930	96,928	189,858	142	121	263	157	106	127	136	..	..	..	..	1	..	..	95	29	2	..	..	6	7	..	..	61	52	10	..	..
4 Banff,	25,575	28,596	54,171	62	84	146	90	56	62	84	..	..	..	..	..	..	..	47	12	3	..	..	..	..	..	..	39	32	13	..	..
5 Berwick,	17,433	18,864	36,297	47	22	69	54	15	33	35	1	..	..	..	..	..	..	27	6	..	..	..	..	..	..	..	19	13	3	..	1
6 Bute,	7,518	9,090	16,608	25	30	55	25	30	41	14	..	..	..	..	2	..	..	26	11	2	..	..	..	..	..	..	6	8	..	..	..
7 Caithness,	18,329	20,380	38,709	68	72	140	92	48	50	90	..	..	..	..	..	..	..	46	3	1	..	..	..	..	..	..	60	18	12	..	..
8 Clackmannan,	11,342	11,609	22,951	12	15	27	17	10	16	11	..	..	..	..	..	..	..	16	..	..	..	..	..	..	..	..	3	7	1	..	..
9 Dumbarton,	22,400	22,703	45,103	34	22	56	34	22	31	25	..	..	..	..	..	..	..	21	10	..	..	..	..	..	..	..	11	14	..	..	..
10 Dumfries,	37,186	40,937	78,123	238	209	447	80	367	176	271	..	122	..	..	..	..	..	39	14	1	192	..	9	..	..	..	39	27	4	..	..
11 Edinburgh,	119,384	140,051	259,435	605	719	1,324	160	1164	433	891	..	176	169	..	..	5	16	52	14	1	381	281	165	..	..	6	35	14	9	..	..
12 Elgin or Moray,	18,191	20,768	38,959	66	58	124	56	68	47	77	..	..	..	..	..	..	..	37	8	2	*40	..	..	..	..	..	25	12	..	..	..
13 Fife,	73,175	80,371	153,546	141	133	274	147	127	144	130	..	..	..	2	1	..	..	13	24	4	..	..	51	5	..	..	47	14	13	..	..
14 Forfar,	88,324	102,940	191,264	286	306	592	121	471	150	441	1	80	..	..	2	7	..	47	13	1	349	..	..	..	3	..	28	56	5	..	1
15 Haddington,	17,610	18,776	36,386	43	31	74	40	34	27	47	..	..	1	..	..	..	..	21	4	1	..	12	..	..	..	..	14	18	3	..	..
16 Inverness,	44,961	51,539	96,500	96	82	178	91	87	52	126	..	..	..	..	..	..	..	42	10	..	..	..	3	..	..	..	86	35	2	..	..
17 Kincardine,	17,008	17,590	34,598	23	41	64	42	22	33	31	..	..	..	..	..	..	2	23	8	..	..	..	..	2	..	..	14	14	1	..	..
18 Kinross,	4,305	4,619	8,924	16	16	32	20	12	17	15	..	..	..	..	..	..	..	9	8	..	..	..	..	..	..	..	8	7	..	..	..
19 Kirkcudbright,	20,223	22,898	43,121	31	39	70	49	21	33	37	..	..	..	..	..	..	..	30	3	..	..	..	..	..	..	..	20	16	1	..	..
20 Lanark,	257,060	273,109	530,169	472	468	940	129	811	256	684	..	154	37	..	..	..	..	55	10	..	263	78	244	1	..	..	68	20	10	..	..
21 Linlithgow,	15,194	14,941	30,135	19	18	37	31	6	20	17	..	..	..	..	..	..	..	18	2	..	..	..	..	..	..	..	13	4	..	..	..
22 Nairn,	4,695	5,261	9,956	8	13	21	14	7	7	14	..	..	..	..	..	..	..	6	..	1	..	..	..	2	..	..	11	..	1	..	..
23 Orkney and Shetland,	14,350	17,105	31,455	63	56	119	74	45	68	51	..	..	..	..	..	..	..	62	3	3	..	..	..	..	..	..	34	14	3	..	..
	13,145	17,933	31,078	64	66	130	103	27	75	55	..	..	..	..	..	..	..	65	10	..	..	..	..	..	..	..	35	19	1	..	..
24 Peebles,	5,364	5,374	10,738	8	3	11	7	4	8	3	..	..	..	..	..	..	..	8	..	..	..	..	..	..	..	..	2	1	..	..	..
25 Perth,	66,337	72,323	138,660	264	192	456	186	270	209	220	27	70	..	..	4	..	..	107	23	5	63	..	..	7	..	..	100	40	10	27	..
26 Renfrew,	75,690	85,401	161,091	127	135	262	53	209	55	207	..	..	15	4	..	..	..	33	2	1	..	55	120	..	..	..	19	10	3	..	..
27 Ross and Cromarty,	39,012	43,695	82,707	87	79	166	102	64	38	128	..	..	..	..	..	..	..	34	2	2	..	..	3	..	..	..	101	16	8	..	..
28 Roxburgh,	25,212	26,430	51,642	51	59	110	60	50	50	60	..	..	..	..	..	..	..	45	3	2	..	..	4	..	..	..	33	20	3	..	..
29 Selkirk,	4,850	4,959	9,809	12	15	27	10	17	14	13	..	..	..	..	..	..	..	11	3	..	..	..	..	..	..	..	7	4	2	..	..
30 Stirling,	42,234	44,003	86,237	50	62	112	35	77	39	73	..	..	..	3	..	..	..	30	2	4	..	..	21	4	..	..	36	11	1	..	..
31 Sutherland,	11,917	13,876	25,793	25	31	56	24	32	7	49	..	..	..	..	..	..	..	6	1	..	..	..	..	..	..	..	37	12	..	..	..
32 Wigton,	20,335	23,054	43,389	51	45	96	61	35	37	59	..	..	..	..	..	..	..	26	10	1	..	..	5	..	..	..	32	21	1	..	..
Totals,	1,375,479	1,513,263	2,888,742	3,736	3,667	7,403	2603	4800	2,732	†4,642	29	652	231	9	10	12	18	1453	297	50	1511	426	667	31	3	6	1217	640	141	27	2

* In Elgin Pauper Asylum.

† The discrepancy between the number of pauper lunatics in this Table and that in Table I. (*b*) is explained in the second chapter of the Report.

Appendix A.—IV.

Table shewing the Number of Pauper Lunatics, from each County in Scotland, who were under treatment in Public Asylums on 1st January 1856, and distinguishing the Asylums in which they were placed.

Names of Asylums.	NAMES OF COUNTIES.																														
	Aberdeen.	Argyll.	Ayr.	Banff.	Berwick.	Bute.	Caithness.	Clackmannan.	Dumbarton.	Dumfries.	Edinburgh.	Elgin.	Fife.	Forfar	Haddington.	Inverness.	Kincardine.	Kinross.	Kirkcudbright.	Lanark.	Linlithgow.	Nairn.	Orkney & Shetland.	Peebles.	Perth.	Renfrew.	Ross.	Roxburgh.	Selkirk.	Stirling.	Sutherland.	Wigton.	Total.
1 Aberdeen,	171	...	...	15	...	...	...	...	...	...	...	...	...	...	...	5	9	...	...	...	...	7	2	...	...	...	3	...	...	...	...	...	212
2 Dundee, .	...	...	...	...	...	...	...	...	...	...	1	...	12	137	...	...	...	...	...	...	...	...	1	...	7	...	...	...	...	1	...	...	159
3 Dumfries,	...	...	44	...	...	...	...	...	...	53	...	...	2	...	...	...	...	...	31	17	...	...	...	...	1	3	...	1	...	2	...	24	178
4 Edinburgh,	...	...	...	...	8	...	5	3	2	...	227	...	25	2	11	5	...	1	...	2	18	2	15	3	3	...	11	9	2	3	2	...	359
5 Elgin, .	...	...	...	1	...	...	...	...	...	...	...	38	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	39
6 Glasgow, .	...	35	17	...	...	4	...	...	25	...	1	...	1	1	...	5	...	...	...	120	1	1	...	...	6	13	3	...	...	21	1	...	255
7 Montrose,	18	...	...	1	...	...	6	...	..	...	...	2	1	107	...	15	24	...	...	...	...	2	2	...	4	...	4	...	...	...	...	...	186
8 Perth, .	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	1	...	...	...	...	64	...	3	...	...	...	...	...	72
Totals, .	189	35	61	17	8	4	11	3	27	53	229	40	45	247	11	30	33	1	31	140	19	12	20	3	85	16	24	10	2	27	3	24	1460

APPENDIX B.

Descriptions of the Chartered Asylums, and other Public Establishments, for the reception of the Insane.

I. Aberdeen Royal Asylum.
II. Dumfries Royal Asylum.
III. Dundee Royal Asylum.
IV. Edinburgh Royal Asylum.
V. Glasgow Royal Asylum.
VI. Montrose Royal Asylum.
VII. Murray's Royal Asylum for Lunatics, Perth.
VIII. Elgin Pauper Lunatic Asylum.
IX. Criminal Lunatic Wards, General Prison, Perth.
X. Lunatic Wards of Inverness Infirmary.

NOTE.

The following notices of the Chartered Asylums have been prepared from materials, partly furnished by the Secretaries of the different Institutions, and partly derived from our own observations.

No. I.

ABERDEEN ROYAL ASYLUM.

Resident Physician.—Dr. Robert Jamieson.

I.—*Object, Origin, History, and Date of Opening.*

The Aberdeen Asylum was instituted by the Managers of the Aberdeen Infirmary, for the accommodation of lunatics belonging to the town of Aberdeen, and neighbouring counties. The original building, not now in existence, was erected by voluntary contribution, at a cost of £2576, and opened for the reception of patients in 1800. It was first extensively added to in 1820, when the centre portion of the present Asylum was erected at a cost of £11,529.

The latter building has been from time to time enlarged, both by extension of the plan, and also, in a greater degree, by additions which cannot be called developments of the original design. Several of these additions are separate buildings, or are united to each other by covered passages or corridors of communication; for example, the kitchen, workshops, chapel, superintendent's house, and the northern parts of the Institution.

The kitchen and back buildings were erected in 1840, at an

Appendix B. I.

Aberdeen Royal Asylum.

expense of £3810. Additional corridors were added in the same quarter three years later, costing £2444.

The west wing was built in 1848, at a cost of £4,629 0 0
The east wing in 1852, at a cost of . . 4,290 0 0
The superintendent's house, built in 1854, cost 1,178 0 0

The chapel was built, and the central building extended to meet the wings, in 1855, forming one connected structure, not rising above two stories in height, except in the centre of the south front. This last extension (at present in progress,) is estimated to cost about £5,700.

About £37,773 has been spent on the building since its foundation.

The ground belonging to the establishment was extended in 1836, by the purchase of the neighbouring lands of Barkmill, and Clerkseat. Previous to that time, the airing yards constituted almost the only grounds attached to the Asylum.

II.—*Constitution, Government, and Management.*

The Institution is governed by a Body chartered to manage the Infirmary and Lunatic Asylum of Aberdeen. This Body consists of the following classes of Managers :—

1. Managers *ex officiis*, about twenty-six in number.

2. Managers for life, consisting, firstly, of individuals who contribute £50 to either Institution, or of those who contribute annually £5, until the sum so paid amounts to £50. Secondly, of the nominees of public bodies giving £50, or of individuals bequeathing £50 ; and of the nominees of executors of individuals bequeathing £100 to the Institution. At present the Managers for life are about eighty in number.

3. Subscribers of £3 annually, and the representatives of congregations, presbyteries, and commercial firms, subscribing sums of from £10 to £25 annually. At present these are about twenty in number.

4. Managers for one year, annually elected at a general meeting of Managers and Subscribers. These are fourteen in number.

From the general body of Managers, as above constituted, a committee of sixteen is annually chosen, as a committee of management to conduct the affairs both of the Infirmary and Lunatic Asylum, and report their proceedings to quarterly meetings of the general body.

III.—*Quantity and Appropriation of Land.*

The Asylum has attached to it about twenty-three acres of land, of which six acres are occupied by the Asylum buildings and airing grounds ; nine acres are cultivated by the labour of the patients as garden ground ; and eight acres are let on lease, or occupied by buildings not forming part of the Asylum, but

capable for the most part of being brought within the Hospital enclosure.

IV.—*Amount and Description of Accommodation for Patients of the several Classes and respective Sexes.*

The Aberdeen Asylum has at present accommodation for 270 patients, in equal proportions for the two sexes. Of this number 70 are private patients.

The accommodation consists of—

1.—*Seventeen corridors of bedrooms.* The passages are of various measurements, from 50 feet to 120 feet in length.

„ 5 „ 7 „ width.
„ 11 „ 14 „ height.

The sleeping-rooms in seven of these galleries are on both sides; in the remainder the ranges are single.

The bedrooms measure generally—

9 feet 1 inches in length.
8 „ 6 „ width.
11 „ 8 „ height.

2.—*Eight large dormitories*, each measuring

25 feet 4 inches in length.
17 „ 2 „ width.
11 „ 8 „ height.

3.—*Sixteen three-bedded dormitories*, each measuring

17 feet 4 inches in length.
9 „ 1 „ width.
11 „ 8 „ height.

4.—*Sixteen day-rooms*, of various sizes, the largest measuring

25 feet 4 inches in length.
17 „ 2 „ width.
11 „ 4 „ height.

V.—*Sources and Amount of Income.*

The income of the Asylum, for the year ending 31st March 1854, amounted to £5716, of which £5344 consisted of payments made for the care and treatment of patients; and £372 were derived from rents, interest of money, value of ground under crop, &c. The expenditure for the same year amounted to £4873, 12s. 4d., leaving a surplus of £842, 13s. 1d.

VI.—*Rates of Payment for Patients.*

Patients, not paupers, are admitted at rates varying from 8s. 6d. to £3, 3s. per week. Pauper patients from the county and presbytery of Aberdeen, are charged at the rate of £15 per annum, and those from other counties at the rate of £22 per annum. Ten patients are maintained by the Institution solely from the annual interest of £1000, called the Bedlam Fund.

Appendix B. I. Aberdeen Royal Asylum.

The average cost of each patient is at present from £18 to £19 a year. All pauper patients are furnished with clothing and bedding at the cost of the Asylum.

VII.—*Medical and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

The staff consists of—

	Annual Salaries and Wages.			
1.—Resident physician and superintendent,	£300	0	0	with an unfurnished house adjoining the Hospital, but no allowances.
2. Consulting physician,	100	0	0	non-resident.
3. Chaplain, . .	50	0	0	do.
4. Clerk and treasurer,	112	10	0	do.
5. House steward, .	75	0	0	with board, &c.
6. Tailor, . .	35	0	0	do.
7. Gardener, . .	32	0	0	with partial board, but without lodging.
8. Gatekeeper, . .	22	0	0	with residence, fire, light, and annual suit of clothes.
9. Night watchman, .	25	0	0	with board, &c.
10. Assistant do, .	22	0	0	do.
11. Laboratory helper,	20	0	0	with partial board, but without lodging.
12. Messenger, . .	6	10	0	with board, &c.
13. Nine male attendants—				
One at . .	24	0	0	do.
One „ . .	22	0	0	do.
Two „ . .	21	0	0	do.
Five „ . .	20	0	0	do.
14. Matron, . .	70	0	0	do.
15. Eight female attendants—				
Three at . .	9	0	0	do.
Five „ . .	8	0	0	do.
16. Two cooks—				
One at . .	9	0	0	do.
One „ . .	8	0	0	do.
17. Baker, . .	8	0	0	do.
18. Six house servants—				
One at . .	10	0	0	do.
One „ . .	9	0	0	do.
Two „ . .	6	10	0	do.
One „ . .	6	5	0	do.
One „ . .	6	0	0	do.

N.B.—Those male servants who have families to support, with no further means than the above wages, have for the last twelve months received a gratuity of 3s. a week, in addition to their wages.

VIII.—*Total Capital Expenditure on 14th May* 1855—

For House and Land, ...	£43,743	0	0
„ Furniture, ...	1,845	0	0
Total,	£45,588	0	0

The proportion of this expenditure for each patient, on the estimated accommodation for 270, amounts to £168, 16s. 10d.

The Managers are at present extending the Hospital buildings, with the view of providing accommodation for more than 50 additional patients of various classes.

IX.—*Condition of the Asylum and Patients when visited by the Commissioners.*

The Asylum stands in a good situation, on elevated ground, in the suburbs of the city, and is the oldest institution of the kind in Scotland, with the exception of that of Montrose. It contained, at the date of our visit, 26th July 1855, 277 patients, viz.,—130 males, and 147 females. The house was over-crowded, not being calculated to accommodate, properly, more than 250 patients.

The front central building was originally intended exclusively for the accommodation of private patients, but owing to the pressure for the admission of paupers, the upper story is now only partially used for their accommodation. On the first floor are the bedrooms and sitting-rooms of the private patients. There are no artificial means of warming and ventilating this part of the building, but most of the rooms have open fire-places. The accommodation is tolerably good. A patient paying £100 a year has a sitting-room and bedroom, and, it was said, a separate attendant. The rooms are clean and orderly.

The two extension wings, which are placed on each side, in a prolonged line from the centre, were formerly only one story high, but are now being converted into two-storied buildings. The upper story is divided into two suites of rooms by a central gallery, running the whole length of the ward, rising above the bed-rooms, and lighted by lateral sky-lights. The rooms on each side are intended for single patients, excepting a few, which are meant as small dormitories for three patients. This part of the house is heated by hot water circulating in pipes. The ventilation is imperfect.

The upper story of the lateral wings, to which the extension wings lead, consists of two rows of single rooms, separated by a central passage, with a dormitory at each end, which contains eleven beds. The dormitories and single rooms are clean, but

Appendix B. I. —— Aberdeen Royal Asylum.

over-crowded, and imperfectly ventilated. Some of the rooms contain two beds. The bedsteads are of wood, but are rather short; the mattresses and pillows are filled with chaff. There is only one sheet to each bed, and the blankets are scoured only once a year. Canvas bottoms are used for the beds of wet patients. There is a lavatory, with five basins, attached to this ward.

The basement story of the extension wing, at present in the course of alteration, is intended for refractory patients, and the half of the ward, to the front of the central passage, is being converted into an open corridor. The back half consists of single rooms, which are lined with boarding. The beds, destined for the refractory and dirty patients, are fixtures, and extend from wall to wall, the whole length of the cell. They have a strong wooden front, which forms, with three sides of the room, a fixed wooden trough, having a bottom sloping from each end to the centre, where a drawer is introduced to receive the urine. The bedding consists of small mattresses, of which, perhaps, four are required to cover the bottom of the bed or trough. The supposed advantage of this kind of bedding consists in the facility with which the wet part may be removed without a change of the whole being necessary. We observed in the carpenter's shop that a number of new trough beds with drains were being prepared.

The private patients have two day-rooms, but owing to the alterations at present in progress, they will shortly leave those they now occupy. These rooms appear comfortable, and are sufficiently furnished.

The day-rooms for paupers are also comfortably furnished. Those for convalescents and quiet patients have pictures and other ornaments. All the day-rooms have benches with backs, and they are warmed by open fireplaces.

At the time of our visit, one male patient was in seclusion, labouring under a maniacal paroxysm. There is a room called a "seclusion day-room," but at present it is occupied as a dormitory, and contains five beds. Two-thirds of the patients are in single rooms.

The part of the house occupied by females is laid out precisely on the same plan as the male side.

Generally, the single rooms used by noisy and dirty patients are floored with wood, but in one part of the house they are flagged.

From the house being over-crowded, five beds are placed in one of the galleries, and several of the small rooms intended for one patient contain two beds for the same reason.

Mechanical restraint, by means of the strait-waistcoat or muffs, is not in use, but in its stead lengthened seclusion is

resorted to. Three female patients were in seclusion, one of whom was extremely violent and noisy, disturbing the whole ward by kicking and beating on the door of her room. On a second visit we found a female in a dark cell, lying naked on straw. One female wore a canvas dress. Blankets sewn between strong canvas are used for patients of destructive habits.

There are ten airing courts, and four "seclusion yards." The airing courts for the better class of patients are in front of the extension wings. All the courts are too small, and being surrounded by buildings and high walls, they are gloomy, and afford no view of the country. One for male paupers is used for about fifty-five patients, of whom a large proportion never go beyond its walls. Several patients were lying about in corners, and several of the men were dressed in dirty sacking. The "seclusion yards" are paved with asphalte, and are used for patients labouring under maniacal excitement.

The patients generally seem to be well attended to in their persons and clothing, and appear sufficiently fed. Many of the paupers, however, especially those who are town-bred, complain of the porridge-diet for breakfast, for which the resident physician is not authorised to substitute tea.

There are several warm baths, and the patients are said to be bathed and thoroughly washed once a week. Lavatories and water-closets are in sufficient abundance, and there are necessaries in the airing courts. The house is lighted with gas.

About forty patients work in the fields, and there are two workshops for carpenters, &c., under the chapel, but they do not appear to be much used. Some of the females work in the washing-house and laundry, and others sew and knit.

The chaplain attends daily. There are prayers every morning, and religious service twice on Sunday. The chapel is in the rear of the house, but is not yet finished. There is little amusement for the patients, except occasional concerts in the different day rooms. There are few excursions beyond walls. A ball or festivity of some kind is given at Christmas, but little seems to be done to break the routine and monotony of the Asylum.

The Sheriff, in accordance with the provisions of the statute, visits the Asylum regularly, accompanied by a physician and the procurator-fiscal. These visits are recorded, and in the last entry, dated 10th January 1855, it is stated that, "except as far as some disorder in the house arises from the alterations now in progress, the whole house and establishment is in its usual orderly state. In the opinion of the medical inspector no one is improperly confined or under undue restraint."

The books kept are the Madhouse Register, and Weekly Register.

Appendix B. I. — Aberdeen Royal Asylum.

The chief faults of construction in this Asylum, are imperfect ventilation, double galleries, the smallness of the airing courts, and the exclusion of almost all view of the country from nearly every part of the building occupied by patients.

The principal defects of management are the employment of trough-beds with drains, the use of strong dresses for male and female refractory patients, too frequent seclusion in cells and "seclusion yards," and a great deficiency of the means of occupation and amusement, and of extended exercise.

No. II.

Dumfries Royal Asylum.

DUMFRIES ASYLUM, INCLUDING THE CRICHTON ROYAL INSTITUTION AND SOUTHERN COUNTIES ASYLUM.

Resident Physician.—Dr. W. A. F. Browne.

I.—*Object, Origin, History, and Date of Opening.*

The Crichton Institution for Lunatics at Dumfries was erected and endowed by the Trustees of the late James Crichton, Esq., of Friars Carse, in the County of Dumfries, from funds left by him for "Charitable Purposes," but subject in the meantime to the claims of certain annuitants.

It was resolved by his Trustees to erect an Asylum, "which "shall be a charitable establishment, the free emoluments or "profits to be derived therefrom being to be applied in enlarg- "ing or further endowing the same, and that a portion of the "said building shall be appropriated for the reception and pro- "per treatment of furious, fatuous, or lunatic poor belonging to "the parishes situated within the shires of Dumfries and Wig- "ton, and Stewartry of Kirkcudbright, and that these persons "shall be received at a low rate of board, and be provided with "all the necessary and proper means for their successful treat- "ment and perfect recovery."

A purchase was accordingly made of the lands of Hillhead, near Dumfries, for £4999, and the Crichton Institution and superintendent's house were erected at a cost of £40,255. The Asylum was opened for the reception of patients on 5th June 1839, and an act to incorporate the Trustees and Directors received the royal assent on 3d July 1840.

In the year 1849, a second Institution was erected on the same lands of Hillhead, from the Crichton funds, at an expense of £11,241, 15s. It was named the Southern Counties Asylum,

and receives pauper patients only. On its opening, the paupers in the original house were transferred to it, and the Crichton Institution now receives private patients only.

II.—*Constitution, Government, and Management.*

According to the Charter of Incorporation, the government and management of the Asylum are conducted by three Trustees, named in Mr. Crichton's will, who are empowered to elect their successors; by seven Extraordinary Directors, *ex officiis*, and by five Ordinary Directors, certain of whom go out of office annually, and are replaced by others appointed by the Trustees and Directors present at the annual meeting. Besides the annual meeting, the Treasurer of the Institution, or any two or more Trustees or Directors, may at any time call a special general meeting of the Trustees and Directors. The ordinary meetings are ordered to take place once at least in every month, and may be adjourned from time to time, and from place to place. Every question, at either general or ordinary meetings, is to be determined by the majority of votes of the Trustees and Directors then present.

III.—*Quantity and Appropriation of Land.*

The land constituting the site of the Institution, and the garden and grounds, amounts to about forty acres, and is all enclosed by a wall, with the exception of about four acres. It is partly laid out as pleasure grounds, and is partly cultivated by the patients of the Southern Counties Asylum.

IV.—*Amount and Description of Accommodation for Patients of the several Classes and respective Sexes.*

The Crichton Institution was built for the accommodation of 120 patients of all classes.

The original intention was to afford accommodation for twenty patients at £30 per annum; twenty at £40; ten at £50; ten at £60; ten at £70; ten at £80; ten at £90; ten at £100; four at £200; and four at £350.

Various circumstances, however, have rendered it necessary to depart from this arrangement.

The accommodation for patients consists of eleven galleries,—two of them having been originally intended for domestic purposes.

Suites of two rooms are allowed to patients of the upper classes; a bed-room and the use of two public rooms to patients of the middle classes; and a common dormitory and public room to patients of the lowest class.

The Southern Counties Asylum was built to receive 150 pauper patients, but this number is already considerably exceeded.

Appendix B. II.

Dumfries Royal Asylum.

V.—*Sources and Amount of Income.*

The income of both the Crichton Institution, and the Southern Counties Asylum, is drawn entirely from the payments made for the care and treatment of patients. The receipts of the former, for the year ending 10th November 1855, amounted to £8276, 8s. 9d., and the expenditure to £8033, 3s. 5d., leaving a surplus of £243, 5s. 4d.

The income from the Southern Counties Asylum for the same period amounted to £3829, 1s. 2d., and the expenditure to £3763, 15s. 1d., leaving a surplus of £65, 6s. 1d.

VI.—*Rates of Payment for Patients.*

For private patients, the rates in the Crichton Institution range from £30 to £350 per annum. The following Table shews the different rates and the corresponding advantages enjoyed by the patients.

RATES OF PAYMENT.

	Payment per annum.	Number of Rooms.	Diet.	Attendants.	Remarks.
I.	£30 to £50	One public room for ten; patients sleep in dormitories.	Animal food every day; tea night and morning, no dessert or wine; ten dine together.	One Attendant to ten.	In this class a difference is made in the situation of the galleries, the articles of furniture, and amusements, according to the rate of payment. Baths; hot and cold water in every gallery.
II.	£50 to £80	Two public rooms for ten; a private sleeping-room for each patient, with curtained bed, toilet, &c.	Do.	Do.	Dessert to the industrious; piano, billiards, and society, to the well-behaved. In this class a difference is made in the situation of the rooms and articles of furniture, according to the rate of payment. Baths, &c., &c.
III.	£100	A parlour and bedroom for each patient, furnished in American birch.	A separate table with wine, dessert, &c., three times a week.	One Attendant to four.	Carriage exercise as an indulgence; a piano, &c., as a right.
IV.	£200	A parlour and bedroom of large dimensions, furnished in mahogany.	A separate table, with wine, dessert, &c., every day.	One Attendant to two.	Carriage exercise three times a week, or use of a horse.
V.	£350	A parlour and bedroom, bath-room, &c., elegantly furnished, and service of plate provided.	A separate table, with wine, dessert, &c., every day; game in season.	One Attendant to each patient.	Carriage or horse exercise every day.

The rate of payment for pauper patients is £17 per annum, for those from the counties of Dumfries, Kirkcudbright, and Wigton, and £22 per annum, for patients from other counties. This charge includes clothing.

VII.—*Medical, and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

The staff consists of the following officers, attendants, and servants, receiving the annexed salaries and allowances :—

1.—*Non-resident.*

	Per annum.
1. Secretary and treasurer, ...	£300 0 0
2. Chaplain, ...	60 0 0

2.—*In Crichton Institution.*

† 1. Resident medical superintendent (with separate house), ...	600 0 0
* 2. Matron, ...	80 0 0
* 3. Medical assistant, ...	60 0 0
* 4. House steward, ...	90 0 0
* 5. Forty-eight male and female attendants, coachman, and other servants, receiving wages varying from £8 to £32, making a total sum of . . .	972 18 4

3.—*In Southern Counties Asylum.*

* 1. Matron, ...	40 0 0
* 2. Medical assistant, ...	40 0 0
* 3. Twenty-three male and female attendants, receiving wages varying from £12 to £30, making a total sum of . .	341 18 11
4. A gardener, whose wife acts as door-keeper, (with house, coal, and gas,) .	40 0 0
Total,.....£2624 17 3	

The Trustees of the Asylum do not contemplate making any addition to the building for the higher classes during the lifetime of the annuitant ; but, owing to the increased application for the admission of paupers from the three counties of Dumfries, Kirkcudbright, and Wigton, they have instructed their architect to prepare plans for the erection of additional buildings, in connection with the Southern Counties Asylum.

† This officer has the medical superintendence of both houses.

* With board and lodging.

Appendix B. II. Dumfries Royal Asylum.

VIII.—*Total Capital Expenditure on 14th May 1855 for the Crichton Institution and Southern Counties Asylum.*

For Houses and Land, ...	£56,495 15 0
* For Furniture to November 1840, .	4,506 13 8
Total,.....	£61,002 8 8

The proportion of this expenditure for each patient, on the estimated accommodation for 294, amounts to £207, 9s. 9d.

IX.—*Condition of the Asylum and Patients when visited by the Commissioners.*

CRICHTON INSTITUTION.

The Crichton Institution was visited on the 16th of May 1855, and at that time contained 66 male and 54 female patients.

The Asylum stands in a beautiful situation, about a mile from Dumfries, overlooking the valley of the Nith.

It is a handsome three-storied edifice of red sandstone, of which only half the design is as yet completed. The central staircase is so constructed as to afford means for inspecting the several wards which radiate from it, and most of the wards have open galleries or balconies, which are enclosed by iron gratings. The corridors run through the centre of each ward, with rooms on each side.

The corridors are paved with stone, which is painted, and are in general without furniture, but there is one which is furnished and occupied as a day-room. The sleeping-rooms for single patients are of good size, and are comfortably furnished, more or less expensively according to the amount of annual payment. The associated dormitories, for patients at the lowest rates, are provided with all essential articles of furniture.

Each ward has two day-rooms, besides a room which was intended by the architect as a sick-room, but which is now given up to patients paying £100 per annum, as a separate sitting-room. There is gas throughout the house, and it is introduced into every sleeping-room. The windows are closed at night by moveable shutters. There is an aperture about a foot square above the doors, to assist ventilation, and hot air is introduced into the corridors. At night, the furniture is removed from the sleeping-rooms into the corridors, and replaced in the morning. Even in the rooms of the highest class of patients, this precaution is generally taken, although there may be an attendant in the room all night.

So far as is practicable, the patients are classified according

* About £3000, expended for furniture since November 1840, has been charged to revenue.

as their intellect, sentiments, or propensities are affected, or according to the degree of fatuity.

The scale of attendance is nominally as follows:—

For patients paying £350,—one attendant.

For every two patients paying £200 each,—one attendant.

For every four patients paying £100 each,—one attendant.

But this scale is not rigidly adhered to, for an attendant is given, whenever it is considered necessary.

Patients paying £200, have a suite of rooms, composed of a large and airy bedroom and sitting-room, with water-closet attached.

For the higher class of patients, covers are always laid at the matron's table, where they may dine when so disposed, unless there are medical reasons to the contrary.

The sleeping-rooms of the dirty patients are clean and comfortable, and perfectly free from offensive odour. There are no artificial contrivances to insure cleanliness. Watchfulness on the part of the attendants is alone relied on, and every effort is made to induce the patients to adopt cleanly habits.

A night watchman makes the round of the house every hour, visiting both the male and female wards, a practice which, with regard to the latter, is of doubtful propriety.* The patients go to bed at eight, and the bell to call them rings at six in the morning. As soon as the attendants are ready, they replace the furniture in the rooms, and assist the patients to rise and dress.

There are abundant means of recreation and amusement. An omnibus and other carriages are provided, which enable the patients to make frequent excursions; and there is a small theatre, seated for 110 persons, in which concerts are given, and plays performed. The attendants are principally the performers, but Dr. Browne takes care that at least one patient shall be among the actors to keep up an interest in the performances. Writing and drawing materials, and books, are liberally supplied, and courses of lectures also are delivered. During the ensuing summer a triple course is contemplated, on botany, chemistry, and natural history, by Dr. Browne and his assistants. There is a library of 5000 volumes, and an extensive museum of natural history, the specimens of which serve for illustrating the lectures. Dr. Browne lately gave a course of twenty-five lectures to his assistants and the attendants, on their duties, and on the nature and management of mental disease.

The concerts and other amusements are attended by patients from both houses. There is a billiard-room, and during the

* In consequence of the misconduct of the watchman, this arrangement was altered in June 1855, and a female attendant was appointed to visit the females' wards.

Appendix B. II.

Dumfries Royal Asylum.

summer a house is taken at the sea-side, for the benefit of the patients.

The chapel serves both for the Crichton Institution and for the Southern Counties Asylum. A presbyterian chaplain is regularly appointed by the Directors, but an episcopalian, and also a Roman catholic clergyman, are in the habit of giving religious consolation to the patients belonging to their respective Churches.

A night-book is kept, in which the names of the restless patients are entered, and reports on their condition are from time to time made in it by the night attendant. A journal is kept of interesting cases.

SOUTHERN COUNTIES ASYLUM.

The number of patients on the day of our visit was 192, namely, 114 males, and 78 females.

The house is somewhat overcrowded, but it is clean, and free from offensive smells. It is a plain sand-stone building, the entrance being in the centre, and the wards extending on both sides, with a central projection to the back.

The bath-room is near the entrance, and contains twelve baths. Every patient, we were informed, is bathed once a week at least, and oftener when required.

The bedsteads are of iron and wood, and have each two mattresses, one of wool, another of straw. The coverings are good and abundant. The day clothing of the patients, which is supplied by the Asylum, is also abundant. Their own clothes are laid aside when they are admitted, and they receive them back when they leave. The workers have out-of-door shoes which they change on entering the house, leaving them in a place set apart for the purpose.

The corridors are to a certain extent furnished with seats, but are generally deficient in furniture. Most of the patients sleep in dormitories containing sixteen beds each. The day-rooms are over-crowded, and are used also as work-rooms, but this defect will be remedied when certain proposed additions to the house are completed.

A cross gallery on each side is set apart for the noisy and dirty patients, who occupy smaller dormitories and single rooms. The windows of the day-rooms in this department are guarded with wire work, and the fireplace is inclosed by a grated fire-guard. The single rooms contain 1144 cubic feet of air.

At present the day-rooms of the upper floor are used also as work-rooms; but this is merely a temporary arrangement till

additional accommodation be provided. The benches in the day-rooms have backs.

The front building is of two stories, but the centre part of the house, which extends backwards, is three stories high. It is divided into small dormitories, each containing six beds, and there are four such dormitories and a sitting-room to each ward. The day-rooms are rather small for the numbers occupying them.

The kitchen is on the basement, where a railroad extends the whole length of the building for the conveyance of the food, which is hoisted by lifts to the different wards. The panels of the doors of the dormitories are of thick unpolished glass, which allows light to pass from the corridors into the sleeping-rooms during the night. Only one has been cracked since the house was opened. Attendants sleep in the dormitories, but there is no regular night-watch in this house.

The Asylum is well supplied with water-closets and lavatories. The latter generally contain eight fixed basins, and are clean and well kept. The dormitories and corridors are heated with warm air. The window shutters are made to slide. No instance of their having been destroyed by violent patients, either here or in the Crichton Institution, has occurred. No physical restraint is ever used; but there is a patient in the Crichton Institution on whom it is thought necessary to place a belt round the body, to enable the attendant to hold him while walking, as he has a tendency to commit suicide by precipitation.

A considerable proportion of the male patients are occupied in field labour, and others in the various workshops. Between forty and fifty females are employed in the work-room; the greater number of them being engaged in sewing, knitting, and other feminine employments. All the women's dresses, the underclothing for the males, and the stockings used in the house, are made here; and from these sources a full supply of work is insured. The female workers are clean and well dressed. They generally work from ten to half-past twelve, and from two to four o'clock.

The Sheriff's warrant is very frequently not signed till after the patient is admitted into the house, and the Sheriff generally requires that Dr. Browne shall give a certificate of insanity, before he grants his warrant, for which no fee is paid. The parochial medical officer signs the certificate of the pauper patients, and the signature of one medical man is considered sufficient. No patient is ever refused admission from being considered troublesome or dangerous, or on account of pregnancy or the fear of introducing infectious diseases. Dr. Browne has often represented to the Directors the benefit that would ensue from the erection of a house for the reception of feeble-minded

Appendix B. II. Dumfries Royal Asylum.

patients, who feel and admit their incapacity to take care of themselves, and who are desirous to place themselves under the directions of others. A number of such individuals make voluntary application for admission into the Crichton Institution, but under the present law they cannot be received.

This Asylum is very ably conducted. The patients are clean and tidy in their persons; and in both houses there is a total absence of all mechanical contrivances in dress and bedding for the palliation of faulty habits. The quantity of land, however, is insufficient for the due employment of the pauper patients; and on this account it is to be regretted that the Southern Counties Asylum has been erected in such close proximity to the Crichton Institution. Mechanical restraint is never used, except in the cases of patients who refuse their food, and seclusion, to an undue extent, is not employed as a substitute. The padded room in the Crichton Institution is so little required, that it is now used as an ordinary sleeping-room. The airing courts of the Crichton Institution are of small size, but from the facilities for exercise beyond them, they are little used. The Southern Counties Asylum is overcrowded, but measures are at present in progress to remedy this evil.

No. III.

Dundee Royal Asylum.

DUNDEE ROYAL ASYLUM.

Resident Physician.—Dr. T. T. Wingett.

I.—*Object, Origin, History, and date of Opening.*

The proposal to establish this Asylum originated with the Governors of the Dundee Royal Infirmary. They had long recognised the necessity for such an Institution, and in 1805 appointed a committee to procure subscriptions for carrying out their design. The foundation stone of the building was laid on the 3d of September 1812, but the Asylum was not opened for the reception of patients until the 1st of April 1820. In consequence of the want of funds, the whole of the plan was not executed, accommodation for forty patients only having at first been provided. Important additions were made both to the buildings and the grounds, in the years 1825, 1830, 1837, and 1839. The whole of the department for males has now been completed, but a portion of that for females, calculated to accommodate forty or fifty patients, remains to be built. This addition will require the outlay of several thousand pounds, and it is the intention of the Directors to proceed with it, whenever the finances will permit. A chapel, detached from the Asylum, is in course of erection, which will afford sitting accommodation for 142 patients.

II.—*Constitution, Government, and Management.*

The Asylum is incorporated by a royal charter, dated 8th May 1819, which provides that the management shall be vested in twenty-nine Ordinary and ten Extraordinary Directors, all of whom are either appointed *ex officiis*, or are nominated as delegates by public bodies connected with the county of Forfar, or town of Dundee; with the exception of five who are returned for life, at the general annual meeting, and are replaced in the event of death or resignation.

The annual meeting is held in June, and the Directors meet quarterly thereafter in October, January, and April, for the management of the general affairs of the Institution. They appoint a committee of six, who meet weekly for the purpose of attending to the ordinary details of management, and another of three, who constitute the house visitors for the year. They likewise elect such other persons or officers as they judge necessary to be employed in the service of the Asylum.

III.—*Quantity and Appropriation of Land.*

The land possessed by the Asylum amounts to about twelve imperial acres. It is laid out as kitchen garden, gardens for fruit and flowers, promenades, and pleasure grounds.

IV.—*Amount and Description of Accommodation for Patients of the several Classes and respective Sexes.*

The Asylum can accommodate 42 private patients, viz.: 20 males and 22 females; and 175 paupers, viz.: 100 males and 75 females.

The private patients are classified according to the rates of payment.

V.—*Sources and Amount of Income.*

The income for the year ending 21st March 1854, was as follows:—

From private patients, average number 40,	£1774	12	6
From pauper patients, average number 164,	2685	7	6
	4460	0	0
From patients' labour, ...	120	17	3
Profit on articles sold to patients, . .	95	3	8
	£4676	0	11

VI.—*Rates of Payments for Patients.*

The rates charged for private patients are 10s. 6d., 15s., £1, 1s., £1, 11s. 6d., £2, 2s., and £3. 3s. a week.

Appendix B. III. — Dundee Royal Asylum.

Pauper patients from privileged parishes pay at the rate of 6s. a week, and those from non-privileged parishes at the rate of 8s. a week. Both classes pay, besides, 4s. a year for clothes mending.

Clothes and bedding are paid for separately, and are generally supplied directly by the parishes. A requisition is made to them for whatever is necessary, and if this is not attended to within ten days, the Asylum supplies the articles and charges accordingly.

VII.—*Medical and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

Officials.

	Per annum.
*Consulting physician,	£52 10 0
Resident medical superintendent,	300 0 0
Matron,	100 0 0
*Chaplain,	40 0 0
*Secretary,	30 0 0
*Treasurer,	75 0 0
	£597 10 0

Attendants and Servants.

Males.	Per annum.
Porter,	£34 0 0
Shoemaker,	34 0 0
Gardener,	30 0 0
Tailor,	27 0 0
One attendant,	37 0 0
One do.,	31 0 0
Three do., at £30,	90 0 0
Four do., at 28,	112 0 0
Females.	
Cook,	17 0 0
One kitchen-maid,	12 0 0
One do.,	10 0 0
Two laundresses, at £12,	24 0 0
One do.,	10 0 0
One attendant,	15 0 0
Three do., at £12,	36 0 0
Two do., ,, 11,	22 0 0
Three do., ,, 10,	30 0 0
	£571 0 0

* The Officials thus marked are non-resident.

VIII.—*Total Capital Expenditure on 14th May* 1855.

* Cost of Buildings and Furniture, . .	£32,979	12	1
† Do. Land, ...	777	10	0
Total,	£33,757	2	1

The proportion of this expenditure for each patient, on the estimated accommodation for 217, amounts to £155, 11s. 3d.

IX.—*Condition of the Asylum and Patients, when visited by the Commissioners.*

This Asylum stands in a good situation on rising ground, overlooking the Firth of Tay, about a mile to the east of Dundee, which is rapidly extending to the boundary of the property. The grounds are enclosed by a high wall, and the first impression is gloomy. The house has this peculiarity, that wards containing private patients alternate with those containing paupers, an arrangement which appears necessary from the construction of the house.

There were in the Asylum on the 11th May 1855 :—

Private patients,	Males, . .	19
	Females, . .	21
Paupers, . . .	Males, . .	98
	Females, . .	75
		213

On the side for males are four pauper wards, each containing a day-room, and a number of single rooms, ranged on one side of the corridor, which, on the other, has windows overlooking the airing courts. The corridor occupies about half the breadth of the ward, the other half being taken up by the sleeping-rooms. The latter measure about 9 feet in length, 6½ feet in width, and 10 feet in height, equal to 598 cubic feet of air. They have no means of ventilation except by the window, and a small aperture, about four inches square, above the door. They are not directly warmed either by fires or heated air, but there are open fire-places in the corridors. During the winter the house is said to be cold, and for insuring due warmth to the patients, reliance is necessarily placed on additional clothing, and, during the night, on additional bed coverings, which in the case of excited

* The Treasurer's accounts do not distinguish between the expenditure for buildings, and that for furniture.

† An annual feu is besides paid for a portion of the land. It varies according to the price of grain, and was for the three last years, respectively £89, 7s. 7d., £114, 5s., and £107, 6s. 10d.

Appendix B. III. — Dundee Royal Asylum.

patients, are secured in such a manner as to prevent their being thrown off. The flooring of the sleeping-rooms is of wood. The corridors are flagged.

The bedding is good, and the coverings ample. The straw of the mattresses of dirty patients is changed daily. The sleeping rooms are unoccupied during the day, except in a few exceptional cases.

The accommodation for private patients is regulated by the rate of payment. In one ward are fifteen males, who pay at the rate of 10s. 6d., to 15s. a week. Their sleeping-rooms measure about 10 feet in length, 9 in width, and 10 in height, equal to 900 cubic feet of air, and they are each occupied by two patients,—a most objectionable practice, which appears to have originated in a desire to extend the benefits of the Institution, by making rooms originally intended for the reception of one patient accommodate two. The day-rooms are of good size, and are supplied with Arnott's ventilators. The windows have sliding shutters; several of the windows in the day-rooms are protected by wire.

A second ward is occupied by four private male patients, and two attendants. The day-room is large and airy, but rather barely furnished. The fire-place is heavily guarded.

Owing to the pressure for accommodation, some beds for pauper patients are placed in one of the corridors.

There are ten airing courts, but those for paupers are nevertheless overcrowded. We found, for instance, sixty or seventy patients in one court. This arises partly from the courts being small, and partly from their unequal distribution between private and pauper patients. One lady, paying £150 per annum, has one of the courts, laid out as a garden, for her separate use.

Mounds have been raised in some of the airing courts, to enable the patients to see over the high walls which enclose them, and sheds have recently been erected as places of exercise in bad weather; but the latter are so badly contrived as considerably to interfere with the view from the day-rooms and airing grounds.

In a separate building are weavers' workshops, where several patients are employed in making packing-cloth. Above these workshops are two dormitories, with nine beds in the one, and eight in the other; and near them is a room for four attendants. These dormitories have no means of ventilation.

In the female department, the corridors are narrower than on the male side of the house, and the wards are overcrowded. Two females were in seclusion; and one lady patient and three paupers wore trousers. The paupers generally sleep two in a room.

Some of the male patients are occupied with stone-breaking, and others work in the grounds; but much more might be accomplished both in the way of occupation and exercise. The working patients receive tobacco and beer. Several of the females are occupied in weaving, sewing, and spinning; others work in the wash-house and laundry, which are airy and cheerful. With them, as with the males, too many patients are crowded together in some of the airing courts; a practice which tends to keep up excitement. There is a billiard room for the males, and in summer there are frequent dancing parties in the grounds, attended by both sexes. A chaplain officiates on Sundays.

There is only one bath on each side of the house for pauper patients. The female paupers have table-cloths at dinner, but not the males. Both males and females are well clad, the former having flannel shirts and drawers.

Patients are admitted on one medical certificate. The Sheriff visits the house half-yearly, and a member of the visiting committee attends weekly.

The books kept, are the Admission book, Journal, and Case book. No Mad-house Register is transmitted to the Sheriff.

The Asylum is particularly clean, and on the whole well ventilated. It is, however, overcrowded, and in some of the wards too many patients are left under the charge of one attendant. From the deficiency of associated dormitories, and the desire to accommodate as many patients as possible, the males, as well as the females, are frequently placed two together in rooms originally intended for one patient. The airing courts for paupers are greatly overcrowded. Mechanical restraint is not employed, and seclusion does not appear to be used to an undue extent. The bedding throughout is clean and sufficient in quantity, and the patients are snfficiently clothed. There is, however, a deficiency in the means of personal cleanliness, and recourse is had to objectionable contrivances in dress, to counteract improper tendencies. The means of occupation are insufficient.

No. IV.

EDINBURGH ROYAL ASYLUM.

Resident Physician.—Dr. David Skae.

I.—*Object, Origin, and History, and Date of Opening.*

So far back as the year 1791, Dr. Andrew Duncan, Sen.,

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first called the attention of his fellow-citizens to the want of an asylum at Edinburgh for the protection and care of persons labouring under mental derangement; and appears, at his own expense, to have printed and widely circulated "A proposal for "establishing a Lunatic Asylum in the neighbourhood of the "city." His object was, firstly, to provide for the care and cure of lunatics whose circumstances enabled them to pay for their maintenance and treatment in the asylum at certain fixed rates, according to the accommodation stipulated; and, secondly, to extend the benefit of the institution to persons in indigent circumstances, as soon as sufficient funds could be obtained for that purpose.

Although a subscription was immediately set on foot for carrying the plan into execution, so little encouragement did it receive, that, down to the year 1806, the whole contributions little exceeded £100. Notwithstanding this disappointment, its benevolent author still kept the scheme before the public, unceasingly advocating its claims on every occasion which seemed to afford a probability of success.

At length, in the year 1806 a grant was obtained from Parliament of £2000 out of the fund arising from the forfeited estates. In 1807 a charter was granted by the Crown, erecting the contributors into a body corporate; and in the following year, by which time many influential individuals had become interested in the undertaking, the subscription was again commenced, and vigorously followed up, not only in this country, but in the different Presidencies of India. A suitable piece of ground for a site was acquired at Morningside, about two miles to the south-west of the city, and the foundation stone of the future asylum laid on the 8th of June 1809.

Owing to the want of the necessary funds, and the very limited portion of the building which could at first be erected, the asylum was not opened until July 1813, and then under very disadvantageous circumstances. It was originally intended to receive patients at three rates of board; but the Managers having been enabled to complete only that portion of the Asylum appropriated to the reception of patients belonging to the middle ranks of society, no accommodation could be provided for paupers; and, for a long series of years, the want of funds, and the impossibility of duly classifying patients in a small establishment, practically excluded the poor from participating in the benefits of the Institution. Down to a recent period, the utmost effect which could be given to the charitable feature of the Institution, was the admission of patients in reduced circumstances, at barely remunerating rates.

In the year 1836, a negotiation commenced between the Town-Council and the Managers of the Asylum, with the view of transferring to it the whole of the patients then in the

city Bedlam. An arrangement was concluded, whereby the Managers engaged to erect additional buildings, and provide accommodation for the whole of the lunatic poor of the city; and similar agreements were subsequently made with the heritors of St. Cuthbert's Parish, and also with those of the parishes of Canongate, South and North Leith, and Duddingston.

The funds at the disposal of the Managers being quite inadequate for enabling them to undertake the erection of buildings of the extent now contemplated, it was resolved again to have recourse to a public subscription, which was accordingly begun and pursued with considerable success. The Managers determined to proceed in the meantime with the work, in the full confidence of receiving support. It was at first contemplated to extend the existing buildings, but it was found necessary to abandon this plan, principally on account of the limited extent of ground belonging to the Asylum. About fifty imperial acres, immediately to the west of the old ground, were therefore feued by the Managers from the governors of George Watson's Hospital, and it was resolved to erect an entirely new building.

The leading feature of the new plan was the adoption of a series of dormitories, instead of single rooms, on a much larger scale than had before been adopted in such institutions. The western wing was commenced in 1840, and opened for the reception of pauper lunatics on 6th August 1842, at rates of payment varying from £15 to £20 per annum, according as the parties responsible for the payments had or had not acquired rights of presentation, by means of contributions of £10 and upwards to the funds of the Asylum.

From various causes, the cost of the new buildings greatly exceeded the original estimate, and, at the close of 1842, amounted to nearly £28,000, leaving a deficiency, or debt, of nearly £4000.

At 31st December 1843, the number of patients had increased to 284, and it was again found necessary to provide further accommodation. An additional portion of the buildings was accordingly erected in the course of the following year, at a cost of upwards of £6000.

At the close of 1844, the total cost of the new establishment was about £36,000, and the deficiency or debt at that period was somewhat under £12,000. This extension provided accommodation for nearly 100 additional patients; but it was no sooner completed than it was filled, so that many applications for admission were necessarily refused.

Notwithstanding the great and increasing debt, the Managers felt that they had no alternative but again to extend their operations. Accordingly, a farther portion of the building was completed and opened for the reception of patients, in the spring

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Edinburgh Royal Asylum.

of 1847. As on the former occasion, it was immediately fully occupied.

The situation of the Managers was now one of peculiar difficulty. On the one hand, their position seemed to impose upon them a certain duty to the public, while on the other, they were paralyzed by the weight of debt they had already incurred. This debt amounted to upwards of £19,000, which sum they had borrowed on their credit as individuals; for although the property of the Institution had cost not less than £62,000, and might be considered worth that sum for the purposes to which it was devoted, it was obvious that the buildings of a lunatic asylum formed no proper subject of security for borrowed money. In these circumstances, the Managers deemed it their duty to lay the matter before Her Majesty's Government, praying for a loan from the public funds, of such an amount as would enable them to discharge their existing obligations to private parties, and complete the Asylum buildings; and undertaking to repay it by instalments with interest, within a fixed period. To this application, which was repeatedly pressed upon the Government by the Lord Advocate, the late Lord Rutherfurd, no answer was ever received.

Failing in their endeavours to procure assistance from Government, the Managers resolved to apply for a special act of parliament, conferring upon the corporation powers to borrow such sums as should be sufficient for the desired purposes. Advantage was at the same time taken of this application, to modify the constitution of the Asylum; and an act was obtained, with clauses to accomplish the following purposes:—(1.) To re-incorporate the Institution under the title of "The Royal Edinburgh Asylum for the Insane," with the usual powers. (2.) To ratify the constitution of the Asylum, as laid down in their Royal Charter of Incorporation, but altering the day of the annual meeting from the last Monday of January to the last Monday of February: adding both members of parliament for the city to the list of Extraordinary Managers, and increasing the number of Ordinary Managers from twelve to fifteen. (3.) To provide for a rotation in the office of Ordinary Managers, by the retirement of two annually from the head of the list, who shall not be re-eligible for a year thereafter. (4.) To define and extend the duties and powers of the Medical Board, which had been left undefined in the original charter. (5.) To establish a separate charitable department of the Asylum for the administration of all legacies and other donations granted to the corporation, including lapsed rights of presentation. (6.) To aid in providing a suitable fund to be at the disposal of this department, enabling the Managers to set aside towards it, until such time as it should amount to £10,000, *one tenth* part of the income derived from payments on account of patients not

under £50 per annum; and lastly, to authorize the corporation to borrow a sum not exceeding £30,000, to be applied in paying off their subsisting debts and liabilities, and in completing the Asylum buildings according to the original design, as well as in erecting such other buildings as might be deemed necessary, and to establish a sinking fund for the gradual liquidation of the debt within a period of thirty years.

Early in the year 1855, the Managers proceeded with the erection of a farther portion of the buildings of the western department, which had been delayed from time to time, in consequence of the great rise which had taken place in the cost of building, and of building materials of all kinds. Independently of this difficulty, it now appeared that they had greatly under-estimated the sum which would be necessary for the entire completion of the Asylum in all its departments. After maturely considering the whole subject in connection with their available means, the Managers resolved to content themselves at present with erecting the centre octagon and southern portion of the west wing, together with the separate building to the west for refractory patients, leaving the northern end of the wing and a new laundry, to be executed when other means shall be provided. The new buildings being only now in the course of erection, it is impossible to state what their entire cost may be; but looking to the estimates, it is probable that, including other incidental expenses, they will exhaust the whole available sum of £30,000, which was authorized to be borrowed under the act of parliament.

II.—*Constitution, Government, and Management.*

In terms of the original charter, the management of the Asylum was conducted by twenty Extraordinary Managers, appointed *ex officiis*, and twelve Ordinary Managers, nominated in the charter, who held office for life, or till they resigned. Vacancies were directed to be supplied by a majority of votes at special meetings of the Extraordinary and Ordinary Managers. By the act of parliament, the number of Extraordinary Managers is increased to twenty-one, and that of the Ordinary Managers to fifteen. Two of the latter retire annually, and vacancies are filled up at the annual meeting.

The Ordinary Managers, of whom five constitute a quorum, meet quarterly for the tranaction of business, and hold other meetings whenever necessary. Four standing committees are elected at the general meeting, termed respectively the finance, building, visiting, and charity committees.

The Medical Board, consisting of the president and two other fellows of the Royal College of Physicians, and president and one other member of the Royal College of Surgeons, have,

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individually and collectively, the right of visiting the Asylum at all times, and of reporting thereon in writing to the Managers. The Medical Board may also, as occasion requires, be referred to and consulted by the Ordinary Managers, for advice and assistance in all matters of importance relating to the care and treatment of the inmates.

III.—*Quantity and Appropriation of Land.*

Attached to *Eastern House.*	*Acres.*	Attached to *Western House.*	*Acres.*
Pleasure-ground, . .	1.445	Arable land, . . .	25.592
Garden, ...	.845	Plantations, . . .	.750
Roads, ...	.354	Pleasure-grounds, .	4.601
House and airing yards,	1.100	House and airing ground, . . .	5.067
		Roads, ...	1.730
		Steward's house and ground, . . .	1.700
Total,	3.744	Total,	39.440

IV.—*Amount and description of Accommodation for Patients of the several Classes and respective Sexes.*

1. East House.

1.—*Accommodation for* 30 *Gentlemen.*

It consists of—

Three galleries, each containing a corridor 41 feet long, 9 feet broad, and 10½ feet high, a parlour, and eight bedrooms.

Seven rooms in a detached wing, variously used as bedrooms and parlours, according to the requirements of the patients.

Five rooms on the ground-floor, between the wing and main building, variously used as sleeping-rooms for one or more patients, or as seclusion-rooms.

2.—*Accommodation for* 30 *Ladies, similar to that for the Gentlemen.*

Note.—At present a sitting room of this department forms a dormitory for gentlemen—the proportion of whom, at present, considerably exceeds that of the ladies.

Actual numbers on visit of Commissioners, 40 gentlemen and 24 ladies.

2. West House.

1.—*Accommodation for about* 200 *Male Patients at pauper rates of payment. Actual number of patients on visit of Commissioners,* 233.

The first male gallery contains accommodation for forty beds.

It consists of a corridor 133 feet long, 10 feet wide, and 11 feet high, two day-rooms, two large dormitories, each containing accommodation for sixteen beds, one small dormitory for five, and a bedroom for one or three beds.

The second male gallery contains accommodation for fifty-seven beds, and consists of two corridors each 133 feet long, 10 feet wide, and 11 feet high, two day-rooms, one dormitory for eighteen beds, two dormitories for sixteen beds each, and one for seven.

The third male gallery contains accommodation for sixty-eight beds. It consists of three corridors, each 64 feet long, 10 feet wide, and 12 feet high, three day-rooms, two dormitories for nineteen beds each, and two for fifteen each.

The infirmary for males, consists of two rooms, one for seven beds, and the other for five beds, a bath-room, and a water-closet.

The detached building for refractory and noisy male patients, contains accommodation for thirty beds. It consists of two corridors, one 80 feet long, from 8 to 10 feet wide, and 14 feet high; the other 45 feet long, 8 feet wide, and 14 feet high; a day-room, a dormitory for twelve beds, four rooms for three beds each, and six single rooms.

2.—*Accommodation for about* 170 *Female Patients at pauper rates of payment. Actual number of patients on visit of Commissioners,* 238.

The first female gallery contains accommodation for forty beds. It consists of a corridor, 133 feet long, 10 feet wide, and 11 feet high, two day-rooms, two large dormitories, each containing accommodation for sixteen beds, one small dormitory for five, and a bedroom for one or three beds.

The second female gallery contains accommodation for thirty-two beds. It consists of a corridor, 133 feet long, 10 feet wide, and 11 feet high, two day-rooms, and two dormitories, each for sixteen beds.

The third female gallery contains accommodation for sixty-two beds. It consists of two corridors, each 133 feet long, 10 feet wide, and 11 feet high, two day-rooms, one dormitory for eighteen beds, two dormitories for sixteen beds each, and two small dormitories, one for seven, and the other for five beds.

The infirmary for females consists of two rooms, one for seven beds, and the other for five beds, a bath-room and a water-closet.

The detached building for refractory and noisy female patients, contains accommodation for thirty-two beds. It consists of two corridors, one 80 feet long, from 8 to 10 feet wide, and 14 feet high; the other 45 feet long, 8 feet wide, and

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14 feet high; a day-room, a dormitory for twelve beds, four rooms for three beds each, and eight single rooms.

3.—*Accommodation for* 30 *Female Patients of an intermediate class. Actual number on visit of Commissioners*, 26.

This gallery consists of a corridor, 133 feet long, 10 feet wide, and 11 feet high, two day-rooms, and two dormitories, each for fifteen beds.

The day-rooms are nearly all the same size. Each contains from 6000 to 7000 cubic feet of air.

The dormitories contain on an average 600 cubic feet of air for each patient, and, at the same time, communicate freely with the adjoining corridor.

The single rooms contain from 1133 to 1700 cubic feet of air each.

V.—*Sources and Amount of Income.*

The Income for the year 1854 was as follows:—

1. Amount of payments for patients, .	£15,270	17	0
2. Profits on furnishings to patients, . .	304	3	11½
3. Rents, ...	177	0	7
4. Produce, ...	301	3	0
Total,.....	£16,053	4	6½

VI.—*Rates of Payment for Patients.*

The rate of payment for the class of patients referred to in the first division of Head IV., varies from £60 to £300 per annum, according to the arrangements made with the patient's friends; but the usual rate is £60 per annum. In the intermediate class for females the present rates of payment are £30 and £35 per annum, and those for the pauper class £22 and £25 per annum, according as rights of presentation have or have not been exercised in favour of the patients.

VII.—*Medical and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

1. *Medical and other Officers.*

	Per annum.		
Resident physician, ...	£450	0	0
Allowances—£10 per annum, and vegetables and furnished house.			

	Per annum.
* Senior assistant,	£70 0 0
* Junior assistant,	40 0 0
Consulting physician, non-resident,	25 0 0
* Matron,	105 0 0
Chaplain, non-resident,	80 0 0
* House superintendent and steward,	120 0 0
Gardener and assistant, (with board to head-gardener,)	88 18 0
Gate-Keeper, with vegetables, gas, and coals,	31 10 0
Honorarium to visiting committee,	110 0 0
Treasurer and Secretary,	380 0 0

2. *Attendants and Servants.*

(1.)—*Eastern Department for Higher Classes.*

* Eight male attendants, with wages varying from £24 to £35.

* Thirteen female servants and attendants, with wages varying from £8 to £16.

* One matron's assistant, £25.

(2.)—*Western Department for Poorer Classes.*

Twenty-eight male attendants, with wages varying from £24 to £35.

One steward's assistant, £35.

* Twenty-eight female servants and attendants, with wages varying from £8 to £20.

* One matron's assistant, £40.

VIII.—*Total Capital Expenditure on* 14*th May* 1855.

† For House and Land, ... £64,463 0 0

The proportion of this expenditure for each patient, on the estimated accommodation for 467, amounts to £138, 0s. 8d.

The Directors are presently engaged in the construction of additional buildings and other works, which will cost at least £15,565—in all, £80,028.

IX.—*Condition of the Asylum and Patients when visited by the Commissioners.*

The Asylum stands in a beautiful situation on ground sloping to the south, and commanding fine views of the surrounding country.

On the 7th of May 1855, the date of our visit, it contained 273 males and 288 females; a number which, in Dr. Skae's opinion, was greater than the house could properly accommodate.

* With board and lodging.

† Forty acres are feued at £10 an acre, which may be estimated as forming an additional capital expenditure of £11,428, 6s. 8d. A great part of the furniture having been made by the patients, it is impossible to fix any sum as its cost.

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Edinburgh Royal Asylum.

Dr. Skae cannot, however, limit the number of patients, as he is obliged, according to the agreement referred to on page 59, to receive all patients that are sent in by the parochial boards of the city of Edinburgh, St. Cuthbert's, Canongate, North and South Leith, and Duddingston. At the time the agreement was made with these parochial boards, the paupers to be accommodated under its provisions were estimated at a much lower number than they now prove to be.

There are other parishes and many private individuals who also possess rights of presentation, but the reception of patients sent by them is not compulsory on the Institution. The absolute right possessed by the Edinburgh and Leith parishes tends in a double manner to overcrowd the house, for it sometimes happens that where private patients have been refused admission, their relatives get them placed on the poor-roll, and they are then sent in by the parish, which, it is presumed, recovers the payment from the patient or his relatives. Thus, a few days before our visit, a paralytic private patient was brought to the gate, and on being refused admission was sent in next day as a pauper by the inspector of St. Cuthbert's.

1.—*Pauper Department.*

The convalescent male ward contains seventy-five patients, but all are not considered curable, as the well-behaved incurable cases are associated with them. From twenty-five to thirty of this number work in the garden, and a few at carpentry and other employments.

For this ward there are six attendants during the day, and eight during the night. The day-rooms are on the ground floor, and are furnished with tables, and with benches with backs. Windows open from them upon the corridors, which run through the centre of the wards, having apartments on each side. These windows are unglazed at the top, and serve partly to light the corridor, partly to ventilate the day-rooms, which are provided with open fireplaces, this part of the house having no artificial heating or ventilating apparatus.

The dormitories of the convalescent patients are immediately above their day-rooms, and are constructed and ventilated on the principles just mentioned. Some of them contain twenty-four beds, others seventeen, the space allowed each patient being about 600 cubic feet. Two attendants sleep in each of the dormitories, which contain no furniture except the beds and chamber utensils. The patients dress and undress in the corridors. The mattresses are of sea-grass, and the bed-coverings are sufficient.

There are two day-rooms in the ward for the intermediate class of females. One of them is used as a mess-room for the whole number, and as a sitting-room for the more noisy patients. The other serves as a sitting-room and work-room for those who are

convalescent and quiet. Both are comfortably furnished, and have open fireplaces. The dormitories are insufficiently ventilated. They have no fireplaces, but are warmed and ventilated by an apparatus which does not appear to work satisfactorily. The heated air enters near the floor, and escapes through an aperture, about a foot square, above the door. No windows in these dormitories or day-rooms open upon the corridors.

The pauper day-rooms are overcrowded, and frequently imperfectly ventilated. There are separate sick-rooms, two to each ward.

The refractory wards are placed in a separate building, one story high. They are not well arranged. Too many seclusion-rooms are placed together in double galleries, and the number of patients, especially on the female side, considerably exceeds the proper accommodation. The patients generally sleep in trough-beds with canvas bottoms, and occasionally on mattresses laid on the floor. During the day they are crowded together in small day-rooms, where they become noisy and excited. This is particularly the case with the females, whose condition, on the day of our visit, was most unsatisfactory.

The corridors serve simply as passages. They contain no furniture, and are not used as places of exercise or as day-rooms. The number of large dormitories is too great in proportion to the single rooms to permit of proper classification.

There are four airing-courts of good size, two for each sex. One on each side is attached to the refractory wards, and the others are used as places of exercise for those patients of the other wards who cannot be trusted in the grounds.

The patients are supplied with books and newspapers, but apparently in no great quantity. They have also concerts, dances, lectures, and occasional country excursions. Some of the male patients are occupied in agricultural labour, carpentry, tailoring, &c., and some of the females in the washing-house, and laundry, and in sewing; but there is room for considerable extension in the means of employment, both for males and females.

The paupers appear to be sufficiently clothed and fed. The men are allowed flannel waistcoats and drawers, which are changed once a fortnight, and they have a clean shirt once a week. Canvas dresses, fastened by locks, are occasionally placed on destructive and paralytic patients.

The meals are not neatly served. No table-cloths, or knives and forks, are allowed the pauper patients, who are obliged to take all their food with spoons.

The patients go to bed at half-past seven and rise at six.

2.—*Private Department.*

Some of the sleeping-rooms here are of fair size, but others are small, and very deficient in ventilation. A few openings made at the lower part of the door form the only means of ad-

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Edinburgh Royal Asylum.

mitting air during the night; and there are no fireplaces, nor any other opening to assist ventilation. The passages, or corridors, are heated with hot air, and the day-rooms have open fireplaces.

Each patient paying £60 a year has a separate bedroom, and the use of a sitting-room, which is common to ten patients.

There is a good-sized airing-court on each side, laid down in grass, and provided with covered seats. The patients are sufficiently supplied with the means of amusement and recreation, in the shape of books, writing materials, billiard-room, bowling-green, &c., but there is a want of the means of more serious occupation.

The Sheriff, accompanied by a medical inspector, visits the house regularly in accordance with the provisions of the statute. In Dr. Skae's evidence further details on its management will be found.

The principal evil under which this Asylum labours is overcrowding, which tends in many ways to make its condition less satisfactory than it would otherwise be. The building, moreover, does not present due facilities for proper classification, and the condition of the Asylum is further injuriously affected by degraded cases of long standing sent from Highland parishes. Mechanical restraint is not used, but in its stead seclusion appears to be much employed.

No. V.

Glasgow Royal Asylum.

GLASGOW ROYAL ASYLUM.

Resident Physician.—Dr. Alexander M'Intosh.

I.—*Object, Origin, History, and Date of Opening.*

This Asylum owes its origin to the late Robert M'Nair, Esq., of Belvidere, at one time a merchant in Glasgow, and afterwards for many years collector of customs at Leith. About the beginning of the present century, Mr. M'Nair, when officiating as a director of the Town's Hospital of Glasgow, had opportunities of seeing the neglected state of the insane, many of them persons of respectable rank, who, from want of proper accommodation, were placed in damp and dismal cells. He determined to obtain some amelioration in their condition, and accordingly proposed that some improvements should be made in the cells of the Hospital. For this purpose, as the Hospital had no disposable funds, he proceeded to collect subscriptions; and, principally by his own exertions, obtained no less than seven thousand pounds.

The views of Mr. M'Nair, and of other philanthropic gentle-

men who took a deep interest in his proceedings, now expanded. A small committee of directors of the Town's Hospital, which had been appointed to co-operate with him, was superseded by one formed on a broader basis; and, in place of improving the cells of the lunatics, it was resolved that a lunatic asylum should be founded, with accommodations appropriate to patients of the higher as well as of the lower ranks, and totally unconnected with the Hospital.

The general committee, which was formed in 1804, and which continued in office for ten years, consisted of directors of the Hospital, and as such contained representatives from each of the public bodies of the city, by which means the latter were interested in the undertaking, and gave the committee their cordial support.

Having matured the plans to be pursued, the committee proceeded to acquaint the public, through the press, with the nature and object of the proposed institution, and to urge its claims on the attention of the community. Lists of the principal inhabitants of the city were made up, and donations personally applied for with great success. Liberal contributions were likewise obtained from the various public bodies. The synod of Glasgow and Ayr appointed a general collection in all the parishes within its bounds, which yielded a considerable sum. Many noblemen and gentlemen in the neighbourhood of Glasgow, and some even at a distance, responded favourably to the applications made to them. From Scottish gentlemen, resident in Liverpool alone, £227, 17s. was received, and not a few parishes embraced the opportunity offered to them of having their insane paupers maintained at the same low rate as those of Glasgow, by contributing £50 for every 1500 of their population.

The following statement gives a view of the progress of the donations made to the Institution. Among these may be noted £143, 18s., the proceeds of a concert given by Madame Catalani, and £73, the balance of the funds of the Glasgow Volunteer Light Horse, disbanded at the peace in 1815. More than two thirds of the whole amount was raised in Glasgow:—

List of Subscriptions Collected.

Per Report	dated	31st	January	1812,	£11,060	15 9
Do.	do.	31st	August	1813,	2953	14 7
Do.	do.	27th	December	1815,	4600	0 3
Do.	do.	7th	January	1817,	1064	2 5
Do.	do.	8th	,,	1818,	309	1 4
Do.	do.	7th	,,	1819,	598	14 5
Do.	do.	6th	,,	1820,	550	7 8
Do.	do.	4th	,,	1821,	1106	7 6
Do.	do.	3d	,,	1822,	461	15 4
					£22,704	19 3

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At the date last mentioned, the Institution was reported to be free from debt. In 1812 the committee had granted a personal bond to the Royal Bank for £2000, required for the completion of the Asylum; but, although they had resigned office in favour of the Directors chosen at a meeting of the contributors, held on 18th February 1814, they continued to give the Institution the benefit of their names till 1821, when the bond was cancelled.

Next to the vigorous prosecution of the canvass for subscriptions, an early object with the committee was the acquisition of ground suitable for the purposes of a lunatic asylum. Accordingly, after a careful survey of various localities, they acquired about three acres of ground, which, although in close contiguity to the city on the north, was thought a most eligible site. Mr. Stark, an accomplished architect, after inspecting the most celebrated asylums in England, prepared a plan which embraced their most approved features. The estimated cost was £15,000. The first ideas of the committee being very limited, they proposed at first to erect only a single wing; but finding, in 1810, that they had collected nearly £10,000, they were encouraged to proceed with the erection of the whole building. On 2d August of that year the foundation-stone was laid. In the plate which was therein deposited, the object of the Institution was thus stated:—

"To restore the use of Reason,
"To alleviate Suffering and lessen Peril
"Where Reason cannot be restored—
"The Glasgow Asylum for Lunatics
"Was erected by Public Contribution."

It was opened on the 12th December 1814 for the reception of patients, forty-one of whom were immediately transferred from the cells of the Hospital to apartments in the Asylum. The excellence of the arrangements soon attracted public attention, and the number of patients steadily increased.

In 1824, chiefly with the view of placing the title to the property of the Institution on a better footing, a royal charter was applied for, and obtained on 9th December of that year.

As the number of patients increased, various additions were made from time to time to the original building; and after it had been in use for about twenty-seven years, it appeared to the Directors that it would be desirable to remove the Institution to some other site—the small quantity of land, as well as the numerous buildings which had in the meantime been erected around, and in the immediate neighbourhood of the Asylum, having rendered the situation much less suitable than it had formerly been. The difficulty, however, of procuring a purchaser for an edifice of such a nature, was necessarily great; but at length

it was sold to the directors of the Town's Hospital, at a sum considerably below what it had cost; and it has since been converted into the city workhouse.

In 1841 the Directors acquired about sixty-six imperial acres, part of the lands of Gartnavel, situated about three miles to the westward of the city. On this ground the foundation-stone of the New Asylum was laid on the 1st of June 1842, and the patients, 240 in number, were transferred to it from the former Asylum in June 1843. The buildings are in the Tudor Gothic style, after designs by Mr. Charles Wilson. They are of great extent, the frontage being upwards of a sixth of a mile in length, and even in their incomplete shape have an imposing appearance.

In 1843 the number of patients received a large accession. This arose from the removal to the Asylum, under the operation of the Poor Law Act, 4 and 5 Vict., cap. 60., of many pauper patients, who, previously to that time, had been farmed out in Arran and elsewhere, by parochial authorities. A diminution of the numbers commenced in 1848, and was due to the transference of such patients to lunatic wards erected in connection with the workhouses of some of the larger parishes.

From want of funds, a chapel, which forms a prominent feature in the plan, has not yet been erected. There are various necessary additions and improvements which the Directors are desirous of making, but at present it is quite impossible for them to proceed any further in this direction, as, in doing what they have already done, they have contracted a debt of nearly £40,000.

II.—*Constitution, Government, and Management.*

The administration of the affairs of the Institution is vested in twenty-three Directors, of whom five are nominated *ex officiis.* These are the Lord Provost of Glasgow, the Chief Magistrate of Paisley, the Professors of Anatomy and Medicine in the College of Glasgow, and the Physician to the Asylum for the time being: ten are returned by the Public Bodies of the city, and eight are elected by the annual general meeting of contributors, which is composed of donors to the extent of at least five guineas, and annual subscribers of at least one guinea. The supervision of the management of the Institution is entrusted to a committee, consisting of six Directors chosen annually. They meet once a week in Glasgow, and at least once every two months at the Asylum. It is their duty to see that all the regulations of the House are duly complied with, to regulate the admission of patients, the economy of the house, the conduct of the officers and servants, and all other details which may occur in the usual course of business.

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III.—*Quantity and Appropriation of Land.*

The land, as already stated, extends to about sixty-six imperial acres. All that is not taken up by the buildings and airing grounds, is under tillage.

IV.—*Amount and Description of Accommodation for Patients of the several Classes and respective Sexes.*

East House.

Division for Male Patients.

At the lowest rate of payment.

This division contains accommodation for about 171 patients, and consists of the following wards:—

No. 2, which accommodates twenty-one patients, and consists of a day-room, a large dormitory for twenty patients, and a single sleeping-room.

No. 3, which accommodates twenty-three patients, and consists of a day-room, a dormitory for sixteen patients, and the infirmary for seven patients, consisting of a dormitory for five patients, and two single rooms.

No. 4, which accommodates twelve patients, and consists of a gallery 70 feet long, 11½ feet wide, and 15 feet high, a dormitory for five patients, and seven single rooms.

No. 5, which accommodates twenty-one patients, as in ward No. 2.

No. 6, which accommodates twenty-six patients, and consists of a day-room, a single room, and two dormitories, the one for twenty and the other for five patients.

No. 7, which accommodates twelve patients, and consists of a single room, and two dormitories, the one for seven and the other for four patients.

No. 8, which accommodates seven patients, and consists of seven strong single rooms for violent patients.

No. 9, which accommodates fourteen patients, and consists of a day-room, a dormitory for eight patients, and six strong single rooms for violent patients.

No. 10, which accommodates thirty-five patients, and consists of two single rooms and three dormitories, one for eighteen, one for eight, and the other for seven patients.

The day-rooms vary in dimension; some measure 44 feet in length, 23 feet in width, and 13½ feet in height, and others are 23 feet long, 19 feet broad, and from 12½ to 15 feet high.

The large dormitories are about 46 feet long, 24 feet wide, and 15 feet high.

The small dormitories are about 23 feet long, 18 feet wide, and from 12½ to 15 feet high.

There are 28 single sleeping-rooms, each room containing from about 900 to 1300 cubic feet of space.

The average space in this division is about 865 cubic feet for each patient. Those patients who are not cleanly in their habits, have at least 988 cubic feet of space, and in the infirmary there are 1100 cubic feet of space for each patient.

Division for Male Patients.

At 15s. per week.

This division contains accommodation for 11 patients, and consists of—

A gallery measuring 74 feet long, 11½ feet wide, and 15 feet high, containing about 13,000 cubic feet of space.

Seven bedrooms, which open from one side of the gallery, and are each 10 feet 9 inches long, 7 feet 9 inches wide, and 15 feet high. Only one patient sleeps in each bedroom, which contains about 1500 cubic feet of space.

A day-room, measuring 24 feet long, 15 feet wide, and 15 feet high, containing about 5163 cubic feet of space.

There are two airing grounds for these two divisions: the smaller one, which is not much used, is 161 feet long, and 63 feet wide. The larger one is 226 feet long, and 192 feet wide.

Division for Female Patients.

At the lowest rate of payment.

This division contains accommodation for about 168 patients, and consists of the following wards—

No. 1, which accommodates twenty patients, and consists of six sleeping-rooms for two patients each, a dormitory for eight patients, and a gallery similar to the one in the 15s. male division.

No. 2, which accommodates eighteen patients, and consists of a day-room, two strong single rooms, and a dormitory for sixteen patients.

No. 3, which accommodates twenty-four patients, and consists of a day-room, four strong single rooms, and a dormitory for twenty patients.

No. 4, which accommodates seventeen patients, and consists of a gallery, similar to that in ward No. 4, male division, a dormitory for six, and six rooms, in which eleven patients are accommodated.

No. 5, which accommodates nine patients, and consists of a day-room, a dormitory for seven, and a bedroom for two patients.

No. 6, which accommodates thirty-three patients, and consists of a dormitory for twenty patients, and the infirmary, which

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consists of a dormitory for six patients, and seven single bedrooms.

No. 7, which accommodates fourteen patients, and consists of two dormitories for seven patients each.

No. 8, which accommodates six violent patients, and consists of six strong rooms.

No. 9, which accommodates twenty-seven patients, and consists of thirteen rooms.

The amount of space to each patient is about the same as in the male division, viz., 865 cubic feet, except in the rooms which open from the gallery, and in each of which two patients are accommodated. In these there are from 625 to 666 cubic feet of space for each patient.

There is only one airing court for this division, which measures 161 feet long, and 63 feet wide.

West House.

This division contains accommodation for about 55 males, and as many females, at rates of payment varying from £1, 1s. to £6, 6s., per week.

There are eighteen galleries in this house. Each of the large galleries accommodates eleven patients, and contains 25,959 cubic feet of space, or 2360 cubic feet for each patient, exclusive of the bedroom and sitting-room accommodation. The bedrooms contain from 1435 to 1988 cubic feet, the average space being 1792 cubic feet. There are two airing grounds, one for the male and one for the female patients, each measuring 170 feet long and 141 feet wide.

Several female patients, at 15s. per week, are accommodated in the West House by favour of the Directors.

A few patients, at the lowest rate of payment, are also accommodated in the West House, according to terms to that effect in the regulations.

V.—*Sources and Amount of Income.*

The income of the Institution arises almost entirely from the payments made by the patients. The average income during the last five years was £14,730, of which only £471, at an average, were derived from legacies, donations, and subscriptions. In the year 1854 there were no donations, while the subscriptions amounted to only two guineas.

The Asylum has been, for some years, under considerable pecuniary difficulties, and suffers from the pressure of a debt of about £40,000, on which the interest, which is at present at the rate of 5½ per cent., is, with difficulty, met. This will be shewn by the following abstracts of accounts for the years 1852, 1853, and 1854.

1852.

Charge.				Discharge.			
Subscriptions and Legacies.....	£337	6	6	House Expenses	£5,228	17	1
Payments on Account of Patients....	12,161	9	1	Salaries.....	1,019	11	0
Farm Produce.....	229	5	0	Wages.....	1,354	2	6
Interest on Bank Deposit Account.....	57	12	3	Repairs, &c.	1,088	5	11
				Furniture....	534	6	0
				Pavilion and Bowling-Green	253	13	5
				Garden and Farm.....	293	17	11
				Miscellaneous Charges.....	566	16	6
				Interest on Debt.....	1,784	5	9
				Surplus in 1852.....	661	16	9
	£12,785	12	10		£12,785	12	10

1853.

Charge.				Discharge.			
Subscriptions and Legacies.....	£110	7	6	House Expenses	£6,193	3	10
Payments on Account of Patients....	12,987	15	6	Salaries	967	18	10
Farm Produce.....	281	7	2	Wages.....	1,422	10	8
Interest on Bank Deposit Account.....	38	12	2	Repairs, &c.	1,019	1	8
				Furniture....	969	17	3
				Garden and Farm.....	381	15	4
				Miscellaneous Charges.....	642	5	7
				Interest on Debt.....	1,741	1	1
				Surplus in 1853.....	80	8	1
	£13,418	2	4		£13,418	2	4

1854.

Charge.				Discharge.			
Legacy and Subscriptions.....	£303	14	10	House Expenses ...	£7,029	4	7
Payments on Account of Patients....	14,426	5	11	Salaries.....	1,028	11	3
Farm Produce.....	434	0	5	Wages.....	1,443	14	4
Interest on Bank Deposit Account.....	30	4	2	Repairs, &c.	995	19	11
Deficiency in 1854, £880 13 0 Add Advances for Patients, yet to be recovered 150 5 2	1,030	18	2	Furniture....	839	7	9
				Garden and Farm	373	18	4
				Tank, Straw-House, &c.	405	19	8
				Miscellaneous Charges....	707	6	5
				Interest on Debt.....	1,936	14	2
				Accounts unpaid.....	1,464	7	1
	£16,225	3	6		£16,225	3	6

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VI.—*Rates of Payment for Patients.*

The present rates of payment for patients are as follows:—

1.—For paupers belonging to the city of Glasgow, and for those belonging to privileged parishes, per week, . £0 8 6

2.—For paupers from other parishes, and the lowest class of patients who are not paupers, . 0 9 0

These rates do not include clothing.

3.—For the class immediately above the last,			.	0	15 0
4.—	Do.	do.	.	1	1 0
5.—	Do.	do.	.	1	11 6
6.—	Do.	do.	.	2	2 0
7.—	Do.	do.	.	3	3 0
8.—	Do.	do.	.	4	4 0
9.—	Do.	do.	.	6	6 0

VII.—*Medical and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

Officials.	Annual salary.	Allowances.
Physician superintendent, . . .	£500 0 0	A house in the Institution, with coals, gas, water, and washing, garden vegetables, except potatoes, and the privilege of drawing bread and beef from the store at contract prices.
Medical assistant, .	80 0 0	Board, washing, and lodging in the Institution.
Do. do. .	80 0 0	Do.
Superintendent of ladies,	100 0 0	Do.
Steward, . .	110 0 0	A house, with coals, gas, and water, garden vegetables, except potatoes, and the privilege of drawing bread and beef from the store at contract prices.
Master of works, .	100 0 0	Do.
Gardener and farm overseer . . .	70 0 0	Do.
Surgeon paid according to number of visits, operations., &c.; the average of the three last years is . . .	28 0 0	
Treasurer and secretary,	300 0 0	
Chaplain, .	60 0 0	

Note.—The last three officials are non-resident in the Institution.

Attendants.	Wages per annum.	Allowances.
Males.		
Principal attendant,	£42 0 0	All the attendants have, besides their wages, board, washing, and lodging in the Institution.
One attendant, .	34 0 0	
Two attendants at £32 per annum each, .	64 0 0	
Eleven do. at £30 do.,	330 0 0	
Eight do. at 26 do.,	208 0 0	
Females.		
Principal attendant,	40 0 0	
Two attendants at £17 each, . . .	34 0 0	
Eleven do. at £15 each,	165 0 0	
Three do. at 12 each,	36 0 0	
Establishment.		
Males.		
Coachman, . .	£46 12 0	A house, with coals, gas, and water, garden vegetables, except potatoes, and the privilege of drawing bread and beef from the store at contract prices.
Gate-keeper, . .	54 12 0	
Store-keeper, . .	40 0 0	Board, washing, and lodging, in the Institution.
Baker, . . .	49 8 0	
Assistant baker, .	19 10 0	
Gardener, . .	40 0 0	
Stoker, . . .	33 0 0	
Coal porter, . .	15 0 0	
Door-keeper, . .	30 0 0	
Three farm-servants at £28 per annum each,	84 0 0	
Farm-servant, .	19 0 0	
Tailor, . . .	26 0 0	
Shoemaker, . .	30 0 0	
Three joiners at £62, 8s. per annum each, .	187 4 0	These tradesmen act as attendants every alternate Sunday, for which they are allowed 6s. each and food. This arrangement has been made in order that the attendants may attend their own churches the whole of every second Sunday.
Plumber, . .	62 8 0	
Blacksmith, . .	62 8 0	
Mason, . . .	70 4 0	
Engineer, . .	52 0 0	No extra allowance.
Labourer, . .	39 0 0	The labourer relieves the engineer every alternate Sunday, for which day he is allowed 2s. 6d. and food.

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Establishment.	Wages per annum.	Allowances.
FEMALES.		
Principal laundress,	£18 0 0	Board, washing, and lodging, in the Institution.
Two laundresses, at £14 per annum each,	28 0 0	
Four do. at £12,	48 0 0	
Dressmaker,	15 0 0	
Upholsteress,	15 10 0	
Portress and housemaid,	12 0 0	
Do.	14 0 0	
Housemaid,	12 0 0	
Do.	9 0 0	
Cook,	16 0 0	
Do.	12 0 0	
Do.	12 0 0	

VIII.—*Capital Expenditure as on 14th May 1855.*

Cost of Land and Building,	£71,414 12 0
*Cost of Furniture,	5,018 2 2
Total,	£76,432 14 2

The proportion of this expenditure for each patient, on the estimated accommodation for 460, amounts to . £166 3 2

IX.—*Condition of the Asylum and Patients when visited by the Commissioners.*

The Asylum stands on an elevated situation, about two miles from Glasgow. It commands extensive and beautiful views, but is considerably exposed to high winds.

The land is enclosed with a paling about 8 or 9 feet high.

The Asylum consists of two principal blocks of building, varying from two to four stories in height, the one for private patients, the other for paupers. The entrances are approached from the lodge by a carriage way, which leads directly up to the building, no airing courts being in view.

The number of patients on the day of our visit was—

Private Patients.		Paupers.	
Males,	45	Males,	171
Females,	42	Females,	158
	87		329

Total 416.

* The expenditure from revenue for furniture is very heavy, as will be seen on reference to the abstract of accounts on page 75.

1.—*Private Department.*

Ladies' Wards.—This part of the house consists of long and wide corridors, carpeted and furnished, having the sleeping-rooms on one side, and, on the other, windows overlooking the open country. The corridors appear almost too spacious for the number of patients occupying them.

Each sleeping-room is supplied with warm air, which passes by an opening above the door into the corridor, which is dependent chiefly on the windows for ventilation; but as the admission of fresh air produces inverted action in the hot-air flues, these windows are generally kept shut, and the atmosphere of the wards is consequently often close and unpleasant. The windows throughout the house open only from the top, and generally not more than six inches. Increased means for the introduction of fresh air are therefore very desirable.

The style of furniture varies in the different wards, according to the sums paid by the patients. In the 15s. wards, one, two, or three female patients occupy a sleeping room, and the corridors are bare; but in the higher wards each patient has a separate room, and the corridors are carpeted throughout, and handsomely and fully furnished. In one, for instance, are three gaseliers, two rosewood tables, a piano, ottomans, small tables for occasional use, Elizabethan and other chairs, &c. Most of the corridors contain pianos and time-pieces; the windows are mostly curtained, and the general effect is one of elegance and comfort. The sleeping-rooms of the higher class of patients are very fully and comfortably furnished, and the walls of the corridors and sleeping apartments are variously papered, giving the wards a light and cheerful appearance. The corridors are lighted up at night.

The patients are supplied with books from the city reading-clubs, and with newspapers and periodicals.

Gentlemen's Wards.—The furniture here is plainer than in the ladies' wards. In other respects there is no particular difference.

Considerable, and perhaps unnecessary, expense appears to have been incurred in furnishing. The Elizabethan chairs in the corridors, for instance, of which there is a large number, cost £7, 7s. each. The annual outlay for furniture is, as already remarked, very considerable, and it will be seen, on reference to the accounts on page 75, that the annual expenditure for repairs is also very high. The house was hastily built, having, we were told, been run up in about a year. It is consequently badly finished; the flooring, which is of American, instead of Baltic timber, is spongy, absorbing the wet and drying with difficulty. Probably owing to the haste in building, some essential requisites have been overlooked.

The two airing courts belonging to the private department

Appendix B. V. Glasgow Royal Asylum.

are of very limited extent, and not sufficient for the wants of the patients.

2.—Pauper Department.

In the pauper department the amount of cubic space of each room is marked upon the door. In the female wards the small sleeping-rooms contain 1250 cubic feet, two patients sleeping in each. The windows, generally, have sliding shutters, which Dr. M'Intosh has not found strong enough to resist violent patients. Hence the windows of the seclusion-rooms, in which such patients are placed, are closed up to within five or six inches of the top, with boards permanently fastened with screw-nails. This precaution would probably be rendered unnecessary if the patients had more abundant means for extended exercise. These rooms, moreover, can never be properly ventilated, and some of them are most inconveniently situated in the third story. They are dark, damp, and smell offensively. The bedding is generally placed on the floor.

In other parts of the house the bedsteads are of iron, and the mattresses of straw. The coverings are ample, but each bed has only one sheet, which is changed once a-week. The bedsteads of the dirty patients have canvas bottoms, and stand over troughs sunk in the floor, which are flushed with water. This arrangement appears to answer, so far as the removal of impurities is concerned, but it has a very offensive appearance, and is calculated to degrade the patients, and encourage those faulty habits which it is intended to palliate.

There are two airing courts belonging to the pauper department, one for the males and one for the females; besides a small court paved with asphalte, surrounded by buildings and high walls, and very gloomy. This last is used as an airing ground for the worst class of female patients, from forty to fifty of whom never go beyond it, as, it is said, they would try to escape, or would not conduct themselves properly if allowed to enter the grounds. Four of the females in this ward wore trousers and ticking dresses, and several of them were noisy and excited.

About thirty male paupers take their exercise in the grounds around the house, but fifty never go beyond the airing courts.

The patients appeared sufficiently fed and were well clothed.

The meat is bought whole in carcases, the best joints being reserved for the private patients, and the inferior parts given to the paupers. The supply of water is bad, and sometimes fails, in which case water is carted. The paupers use knives and forks of bone; the private patients knives and forks of soft metal. In the private department the cooking is done by gas; in the pauper department in the ordinary way. All the bread is baked on the premises.

The Sheriff, accompanied by two medical men, visits the

house regularly, and takes much interest in the welfare of the patients.

Details as to the means of occupation and amusement, and of religious exercise, will be found in Dr. M'Intosh's evidence.

The condition of this Asylum is injuriously affected by the heavy debt that has been incurred, which prevents the introduction of many improvements. Mechanical restraint is not employed, but seclusion is used to an extent which would be found unnecessarily great, if the patients had the advantage of more extended exercise. The pauper patients from Highland parishes are frequently in an incurable and degraded condition when received, and have a detrimental influence upon the state of the patients generally. Too much use is made of contrivances in dress and bedding to meet faulty habits.

No. VI.

MONTROSE ROYAL ASYLUM.

Resident Physician—Dr. James Gilchrist.

I.—*Object, Origin, History, and Date of Opening.*

A scheme for erecting a lunatic asylum at Montrose in connexion with a general hospital for the sick, was set on foot as early as the year 1779. It originated with some benevolent inhabitants of the town and neighbourhood, among whom Provost Alexander Christie, and Mrs. Carnegie of Pitarrow, took the most active part.

The Asylum was opened in 1782, together with an Infirmary and Dispensary for the sick poor.

II.—*Constitution, Government, and Management.*

Previous to 1811 the Institution was managed by Directors consisting of a committee, named by the subscribers and contributors to the Asylum. In 1811, however, it was incorporated by Royal charter under the title of the Royal Lunatic Asylum, Infirmary, and Dispensary of Montrose.

Under the charter there are fifty Directors, consisting of the provost and eldest bailie, and the first and second ministers of Montrose, thirty Directors elected from the inhabitants of the burgh, eleven gentlemen of landed property, and five clergymen of the parishes in the neighbourhood of the town.

Appendix B. VI. Montrose Royal Asylum.

The Directors hold office for life, provided they continue to possess the requisite qualification of office, property, or residence.

Monthly meetings are held on the first Tuesday of each month.

The annual meeting takes place on the second Tuesday of June.

III.—*Quantity and Appropriation of Land.*

The Asylum-ground consists of about five acres and a half within the walls, of which an acre and a third are occupied by buildings, and the remainder as airing and garden-grounds. The Directors, considering the quantity of ground as too small, occupy on lease about twelve acres of arable ground in the neighbourhood, which is cultivated by the poorer class of patients.

IV.—*Amount and Description of Accommodation for Patients of the several Classes and respective Sexes.*

The Asylum is estimated to contain accommodation for—

	Males.	*Females.*
Private patients,	18	24
Pauper do.,	80	81
	98	105

V.—*Sources and Amount of Income.*

The income for 1855 amounted to £4618, 15s. 7d., derived from the following sources—

1.	From payments for private patients,	£1360	14	0
2.	„ do. for pauper patients,	3004	6	0
3.	„ interest of money,	200	13	7
4.	„ subscriptions, donations, and legacies,	53	2	0
		4618	15	7

The funds from this last source are generally given or left to the Infirmary, which has been a separate establishment, though under the same charter and management, since the year 1831. The expenditure for the year was £4586, 6s. 10d., showing a surplus of £32, 8s. 9d.

VI.—*Rates of Payment for Patients.*

1. For private patients the rates vary from £20 to £100 per annum.

2. For pauper lunatics, chargeable on parishes within the synods of Angus and Mearns, the rate is £18 per annum.

3. For pauper lunatics from beyond these synods, the rate is £22 per annum.

A fixed charge of £2 per annum is made for each pauper to cover the expense of clothing and bedding.

Montrose has the privilege of sending to the Asylum ten paupers at £10 per annum each, and four at £12 per annum each.

Four parishes in the neighbourhood have the privilege of sending four paupers at £14 per annum each.

VII.—*Medical and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

1.—*Officers.*

* Resident medical superintendent, annual salary,	£200 0 0	with board and lodging.
Treasurer, „	25 0 0	non-resident.
Secretary, „	17 17 0	non-resident.

2.—*Household.*

Head attendant, wages,	£35 0 0
Matron, „	45 0 0
Ten male attendants; joint wages,	198 12 0
Twenty female attendants and domestic servants; joint wages,	176 8 0

The Directors do not contemplate making any addition to the present house; but they have for some time had under their consideration the propriety of building a new asylum, in a more suitable locality, and with more extensive grounds. With a view to this object they have obtained thirty acres of ground, situate about two miles north of Montrose, and have procured the requisite plans. It is intended to erect two separate buildings, one capable of accommodating 100 private patients, and the other 200 paupers. The expense is estimated at about £20,000. The internal arrangements of the proposed building are now under the consideration of medical men of great experience in the treatment of the insane, whose report the Directors expect soon to receive.

* The Directors have given instructions to procure a resident medical assistant to Dr. Gilchrist. Dr. Gilchrist's duties do not extend to the Infirmary, which is under separate medical charge. The treasurer's and secretary's duties at the above salaries extend to the Infirmary.

Appendix B. VI. Montrose Royal Asylum.

VIII.—*Total Capital Expenditure on 14th May* 1855.

* For House, Land, and Furniture, . £11,536 7 6

The proportion of this expenditure for each patient, on the estimated accommodation for 203, is £56, 16s. 7d.

IX.—*Condition of the Asylum and Patients when visited by the Commissioners.*

This Asylum stands on the links of Montrose, close to the harbour. Its site is flat, and very little above the level of the sea. It fronts the west, and the back is very much exposed to cold east winds.

It consists of a central building of four stories, two advancing wings of two stories, and two lateral wings also of two stories. The house has been altered and added to at different periods, to accommodate the always increasing number of patients. A house for the resident physician, in the rear of the Asylum, has just been finished, and, though not intended for the reception of patients, is at present partially occupied by them. The Asylum, when visited on 25th July 1855, contained 227 inmates, of whom 40 were private patients.

The demand for accommodation is very great, and the house is in consequence over-crowded. Owing partly to this, and partly to other causes, the condition of the patients is not altogether satisfactory.

The central part of the house was originally intended as apartments for the resident physician, and for the accommodation of private patients, while the wings were appropriated to the paupers. Owing, however, to the increasing pressure for accommodation for pauper patients, a great part of the central building has been given up to them, and the more manageable of the private patients have been removed to the new house of the resident physician. These arrangements are only temporary, till the new asylum be completed.

The pauper patients are divided into four classes, beginning with the convalescent and quiet, and descending gradually to the refractory and dirty.

The males occupy the north side of the house. The private patients are in the central building, along with some of the better class of paupers. In the rear of the central house is a projecting building that contains two day-rooms for the private male patients. The one is carpeted, has a large table, benches with cushions, an open fire-place, and is tolerably comfortable. The other has no carpet, and no furniture except a few chairs

* A yearly feu-duty, of £10 per annum, is payable to the Magistrates and Town-Council of Montrose.

and a book-case. It serves as a smoking-room, or as a place of exercise in bad weather.

The male paupers occupy principally the two north wings. Their day-rooms, of which there are four, are situated in the lateral wing, two on the ground-floor, and the other two immediately above them. They are tolerably comfortable, furnished with tables and benches with backs, and those for the quieter patients have pictures on the walls, and a few other ornaments. The room for the worst class of patients is flagged, and here the fire-place and windows are guarded. There are two small dormitories in this part of the house, but the principal sleeping accommodation is in the central building and in the front wing.

The upper story of the front wing consists of a passage with a single range of rooms, and, at its further extremity, a dormitory measuring about 40 feet long, 16 feet wide, and 11 feet high. This dormitory is clean and neat, and is occupied by twelve patients and one attendant. The windows are secured at night with shutters. Ventilation is, in a great degree, dependent upon perforated panes. There are two other dormitories in this ward, one with six beds for patients, and a double bed occupied by two attendants; the other with seven beds. The ventilation of these rooms is bad. The remaining rooms are single, and are also very imperfectly ventilated. They have in general perforated panes; but when these small rooms are occupied by refractory patients, and the shutters are closed, they become excessively close and offensive. On this floor there are only three single rooms; in the corresponding ward below their number is greater, as there is there only one dormitory at the extremity of the gallery, which contains beds for twelve patients.

The mattresses and pillows are filled with chaff. Until lately it has been the custom for the friends of the pauper patients, or the parochial boards, to supply the bedding and clothing, and hence it has been impossible to have them according to uniform pattern. The Asylum, however, now furnishes the clothing and bedding of all pauper patients, except those belonging to the parish of Montrose, who are still supplied by the parochial board. Private patients provide their own bedding. The beds for paupers have each only one sheet. For the dirty patients the beds more recently provided have stretched canvas bottoms, but there is still a number of wooden trough beds in use, which are impregnated with urine and imperfectly cleaned. Several dirty and refractory patients have no bedding, except loose straw and a blanket; and we ascertained that it is the custom in this Asylum, when patients are violent and destructive, to remove all their clothing, and to supply them with no clothes, coverings, or bedding, except blankets and straw.

On the female side the front wing contains single rooms and dormitories, laid out nearly on the same plan as the male

Appendix B. VI. — Montrose Royal Asylum.

wards. Several females were in seclusion: three who were much excited, were without any clothing or covering, except a blanket; and were lying on loose straw, or on a straw mattress placed on the floor. On our opening the shutters of one of the cells, in order better to see its condition, the patient sprang naked from her straw, and attacked the female attendant with great violence. This patient had been about nine months in the house, and for several weeks had been confined to her cell, never taking any exercise, and never leaving it except at night, when she was moved to another, in order that the one occupied through the day might be cleaned.* These cells are very small, and exceedingly close and offensive; they are almost entirely without ventilation. The windows, indeed, have perforated panes, and above the door is an opening, communicating with the passage, intended for the admission of air; but this opening is almost entirely closed by a perforated metal plate, and, when the cells are occupied, the closed shutters prevent the ingress of fresh air through the perforations in the window. There is an apparatus for introducing heated air into the passages of the house, which is said to work tolerably well; but the impediments that prevent the free ventilation of the cells, must also interfere with their due warming in winter. On the female side there are nine cells up stairs and seven below, one containing two beds.

In the south lateral wing are the day-rooms for the females. The private patients have a day-room corresponding to that on the male side. There are besides four day-rooms for the paupers, two below and two up stairs. They were over-crowded, especially one which contained no fewer than forty-seven patients. This room serves also as the chapel, and is then very much over-crowded. There is, besides these day-rooms, a female work-room, above the day-room of the private patients. About twenty patients were engaged in sewing, knitting, and other employments. The number of female patients somewhat exceeds that of the males; and there is a large dormitory for them in this wing, which has no corresponding room on the male side. It contains sixteen beds, besides a bed like a chest, into which an epileptic patient is locked at night. The lid of the chest is formed of crossed straps.

The central building contains two ranges of rooms separated by a central passage. There are about eight rooms on each side for the better class of patients, which are furnished according to the rate of payment. Four patients were here in seclusion—one of them, a female, had a shirt of strong linen fastened by a strap and buckle. The top story was formerly the infirmary, but it is now occupied as ordinary dormitories, one for males, the other for females.

* This patient was brought from the Inverness Infirmary, where she had been detained for six months. Her case is referred to in the description of that house.

There are five airing-courts; one at the back of each lateral wing for the quieter patients, and one in front of each for the refractory patients. The court behind the central building is for the private male patients. These courts are each about a quarter of an acre in size. Some of them have raised mounds, which enable the patients to see the surrounding country, and, on the female side, they are neatly kept, and contain plants and flowers.

The house is badly supplied with water, which in summer is apt to fail altogether; and there is only one drain to receive all the sewage of the house, which proves a great inconvenience to the servants. There are several water-closets, within doors, most of them of recent construction; and there are also lavatories adjoining the dormitories. Baths are also provided in both sides of the house, and the patients are regularly bathed once a week. Gas is laid on in the day-rooms and dormitories.

Some of the male patients work in the fields, and a few are engaged in picking oakum and making nets. A few females are occupied in the washing-house and laundry, and others are employed in sewing and knitting. We were informed that some of the patients have the benefit of frequent excursions, and that there is generally a dance once a week. Some of the pauper patients, who can be trusted, are permitted to play at quoits and bowls of an evening on the links. There is also a billiard-room for the private patients.

The resolution for erecting a new asylum must be of very recent date, as the new house for the resident physician had, at the time of our visit, been finished and occupied only about two months. It is separated from the Asylum by the airing courts, and is at present used principally for the accommodation of female private patients. The only patient paying the highest rate (£100) has a bed-room and parlour here; but, at the period of our visit, she was labouring under a paroxysm of mania, and in seclusion in one of the cells in the principal house. Another room of this house contains four beds, and is occupied by patients paying £25 a year each; while another, divided by a screen, accommodates two patients, paying respectively £30 and £32. The dining-room serves as day-room for these patients, who are, in general, quiet and well-behaved; and, considering the small sums paid by them, very well lodged and accommodated. The day-room contains a piano, and is comfortably furnished. The ladies were engaged in sewing and knitting.

Except those who were in seclusion, the patients were in general clean in their persons, and sufficiently clothed, and they appeared well fed and attended to. A large number of patients, however, are habitually secluded, the necessity for which Dr. Gilchrist attributes to the deficiencies of accommodation in the building.

Appendix B. VI.

Montrose Royal Asylum.

On a second visit to this Asylum, we found eleven patients in seclusion, several of them being in a state of complete nudity, lying on the floor with no other bedding than loose straw and a blanket.

The Sheriff visits the house twice a year, generally accompanied by a medical man, a practitioner in Montrose. He inspects the warrants to see that no patient is illegally confined, but takes no cognizance of the state of the house, or the condition of the patients.

The books kept are the Madhouse Register, and the private note-books of the superintendent.

No mechanical restraint is employed in this Asylum, but, in its stead, recourse is had to lengthened seclusion. There is no reliable record of the time during which the patients are secluded; but we have reason to think that it frequently continues for weeks, and even months. The seclusion cells are very offensive, from the patients relieving nature on the floor. The condition of the Asylum is very injuriously affected by the number of incurable and degraded cases which are sent in by Highland parishes, only when it has become impossible any longer to retain them at home. There is a deficiency of the means of exercise and occupation.

No. VII.

Royal Asylum, Perth.

MURRAY'S ROYAL ASYLUM FOR LUNATICS, PERTH.

Physician,—Dr. Malcom.
Resident Physician,—Dr. Lauder Lindsay.

I.—*Object, Origin, History, with Date of Opening.*

This Institution was erected by the Trustees of the late James Murray, Esq., a native of the parish of Perth, from funds left by him for the purpose. In 1821, these funds, with accumulations, amounted to about £32,000; and the Trustees, having purchased a field of 12 imperial acres, in the neighbourhood of Perth, at a cost of £2500, intrusted the erection of the Asylum to Mr. Burn of Edinburgh. An edifice was accordingly raised, capable of accommodating from 80 to 100 patients, at an outlay of £20,000; it was opened for the reception of patients on 1st July 1827. In 1834, the increase of patients having rendered additional accommodation necessary, two wings, calculated to receive 60 additional patients, were erected at a cost of £9063. Though built from private funds, this Asylum is "a Public Institution for charitable purposes."

II.—*Constitution, Government, and Management.*

On the 5th March 1827, the Directors of Murray's Asylum were incorporated by Royal charter.

They consist of,—

1. Nine Directors, *ex officiis.*
2. Four Life Directors.
3. Twelve Annual Directors.

The Life Directors are appointed by a majority of votes at a general meeting. Four Annual Directors are chosen in the same way at the annual general meeting in June, when the like number goes out of office.

Quarterly board meetings are held in June, September, December, and March, for the purpose of hearing and considering the reports of the weekly committee and medical officers, and of directing the general management of the Asylum. The annual meeting in June is held for the purpose of receiving the annual reports of the weekly committee and medical officers, electing various directors, and appointing the officers of the establishment for the following year. The weekly committee, consisting of eight directors, meets every week at the Asylum, for the purpose of receiving the weekly report of the physician and superintendent, regulating the admission of patients, and superintending the management of the house. Sub-committees are appointed when required. All the Directors act gratuitously.

III.—*Quantity and Appropriation of Land.*

That part of the original twelve acres which is not occupied by the buildings and airing courts, is laid out in walks, garden, bowling green, cricket ground, &c. This is all the land at present appropriated to the use of the patients; but the Directors are besides owners of the house and grounds of Pitcullen Bank, immediately adjacent to the grounds of the Asylum, which they purchased a few years ago for £5500. This purchase was made with a view to the accommodation of a high class of patients, but this intention has never been carried into effect, and the Directors continue to let the property. The Directors have likewise acquired a farm of thirty-six acres as an accessory to the Asylum, at a cost of £6950, with a view to the extended employment of the patients in agricultural labour. But this farm, though purchased some years ago, is at present let at a rent of £129.

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Royal Asylum, Perth.

IV.—*Amount and Description of Accommodation for Patients of the several Classes and respective Sexes.*

Class of Patients.	Class of Accommodation.	Dietary.	Amount of Attendance.	Estimated Accommodation.	
				M.	F.
1st Class, Gallery A.	One public room. Patients sleep in dormitories.	Porridge night and morning, animal food, soups, rice, vegetables, &c., on alternate days.	One attendant to fifteen patients.	30	30
Gallery B.	One public room. Patients sleep in dormitories.	Porridge night and morning, animal food, soups, rice, vegetables, &c., on alternate days.	One attendant to eleven patients.	23	23
2d Class, Gallery C.	One public room. Patients sleep in dormitories comfortably furnished.	Tea or coffee night and morning, animal food, soups, vegetables, and beer daily, pudding, fruit, &c., occasionally.	One attendant to eleven patients.	26	22
3d and 4th Class, Gallery B.	One public room; separate sleeping-rooms handsomely furnished.	Tea or coffee night and morning, animal food, soups, vegetables, and beer daily, pudding, fruit, &c., occasionally, with greater variety and better quality of diet.	One attendant to eleven patients.	11	11
				90	86
5th Class, separate apartments.	Parlour and bedroom for each patient, handsomely furnished.	Separate table. In addition to above diet, wine, dessert, fruit, &c.	One attendant to each patient.	176 7	
				183	

V.—*Sources and Amount of Income.*

The sources of income may be shortly stated as—(1.) The annual payments for patients, amounting to £4190, 17s. 5d., for the year 1854. (2.) The annual rent of the Asylum farm, £129, and of the mansion-house and grounds of Pitcullen, £100.

VI.—*Rates of Payment for Patients,*

classified as in Table.

1st Class, ...	*£24 to £30
2d do., ...	40 to 50
3d and 4th do., ...	60 to 100
5th do., ...	100 to 300

* In the first rate of payment clothing is included; in all the others it is excluded. No other fees are exigible in name of physician's fees or otherwise.

VII.—*Medical and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

	Annual Salaries and Wages.
*Physician,	£150 0 0
Resident medical officer and superintendent,	200 0 0
*Treasurer,	50 0 0
*Secretary,	50 0 0
*Chaplain,	50 0 0
Matron,	75 0 0
Housekeeper,	50 0 0
Gardener,	50 0 0
Head male attendant,	35 0 0
One male do.,	28 0 0
Six do. do. at £24,	144 0 0
One female do.,	11 11 0
Three do. do. at £10, 10s.,	31 10 0
Two do. do. at £9, 9s.,	18 18 0
One laundrymaid,	11 0 0
One do.,	9 0 0
One cook,	11 0 0
One do.,	9 0 0
One housemaid,	8 10 0
One do.,	8 0 0
Total,	£1000 9 0

The Directors do not at present intend making any additions to the Asylum; but should it become necessary at any future period to do so, the present buildings will admit of extension, so as to accommodate a considerable additional number of patients.

VIII.—*Total Capital Expenditure on 14th May 1855.*

†For House and Land,	£51,703 19 6½
For Furniture,	2,148 1 10½
Total,	£53,852 1 5

The proportion of this expenditure for each patient, on the estimated accommodation for 183, is £294, 5s. 5d.

IX.—*Condition of the Asylum and Patients when visited by the Commissioners.*

This Asylum stands in a beautiful situation, about a mile from Perth, overlooking the surrounding country.

* The officers designated by an asterisk are non-resident; the other officers, together with the attendants and servants, have board, lodging, and washing, in the house, in addition to their salaries or wages.

† Including Pitcullen Bank and the farm.

Appendix B. VII. — Royal Asylum, Perth.

It consists of a main front building of three stories, divided into two equal parts by a central staircase; and of a two-storied building running directly backwards from the central staircase, to join a line of building parallel with the front, but of much smaller dimensions.

The number of patients at the date of our visit, 1st May 1855, was—

	Male.	*Female.*	*Total.*
Private,	36	24	60
Pauper,	40	35	75
	76	59	135

The central staircase separates the male from the female wards, and affords the means of inspecting the patients without entering the galleries. The patients are divided into three classes, according to the rates of payment. Those at the highest rate occupy the upper wards; the second class patients are in the middle wards; and the paupers on the ground floor. The different stories are laid out very much on the same plan. Small sleeping-rooms are on one side of the corridor; and on the other are the day-rooms, lavatories, water-closets, &c., and, in the centre, an open gallery.

In the upper ward on the male side there were only eight patients. Each has a room comfortably furnished, measuring about 10 feet in length, 8 in breadth, and 10 in height: equal to about 800 cubic feet. Heated air is introduced into these rooms, and there is an opening above the doors for its escape into the corridor. The sitting-room has an open fire-place, and is close to the central staircase, from which it may be inspected by means of a communicating window. There is one attendant to this ward.

Immediately below is the ward for the second class patients, which is laid out in the same manner. The number of patients amounted to thirty, two occupying each sleeping-room, under the care of two attendants.

The ground floor is rather gloomy, the sleeping-rooms being below the level of the ground to the front. On the male side there were sixteen patients, two sleeping in each room. In general the floors are boarded, but the sitting-room and two sleeping-rooms are flagged. The former is furnished with tables and benches, and the fire-place is guarded by a heavy grating. Two patients of dirty habits are kept apart from the others, and occupy the same room day and night. There are flagged cells in each ward for noisy or dirty patients.

The wards on the female side of the main building are precisely similar to those just described, and the patients are classified in the same manner.

The kitchen and offices are on the ground floor of the building which runs backwards to join the rear wards, where there is additional accommodation for male and female paupers, and also for four private patients at annual payments of £250. In this part of the building the pauper patients occupy dormitories, each containing six or eight beds. They are all on the ground floor, and several of them, as well as the day-rooms, are flagged. These rear wards are used for the worst class of patients.

In the centre of the rear building are the suites of apartments for patients of the highest class: two up stairs, and two below. Each suite contains a sitting-room, bedroom, and water-closet, and communicates with an open gallery. These rooms are comfortably, but not tastefully, furnished. They were all unoccupied except one, which was in temporary use as a work-room by the female paupers.

On the upper floor of the building which connects the front and rear wards, is a large and handsome board-room, which is used only four times a year for board meetings. Adjoining it is the chapel, which is divided by a partition, completely separating the males and females.

There are ten small airing-courts, all surrounded by high walls.

A considerable number of the male patients work in the garden, and a few are occupied with shoemaking and tailoring. Some of the females are employed in the washing-house and laundry; others sew and knit.

The pauper patients are well clothed, and appear to be in good bodily health. The males have Guernsey jackets and flannels. Their shirts are changed twice a week. The bedding is comfortable; the mattresses are of straw, with ample coverings, but some of the beds have no sheets. The mattress sacks for patients of dirty habits are washed daily, and the straw is changed. No patient was in seclusion. Several females were in strong ticking dresses.

The Sheriff visits the Asylum twice a year, accompanied by Dr. Malcom as medical inspector.

Mechanical restraint is not employed in this Asylum, and no undue use is made of seclusion. The highly objectionable practice, however, prevails of placing two male patients in rooms originally intended for one. On the whole, there is a deficiency of books and objects calculated to interest the patients, and of the means of occupation. The Asylum possesses great natural advantages for the treatment of patients, both of the upper and lower classes, which are not sufficiently turned to account. Further details connected with its management will be found in Dr. Malcom's evidence.

Appendix B. VIII.

Elgin Asylum.

No. VIII.

ELGIN PAUPER LUNATIC ASYLUM.

Physician.—Dr. John Paul. *Surgeon.*—Dr. James Ross.
Resident Medical Officer.—Dr. J. W. N. Mackay, House Surgeon of Gray's Hospital.

I.—*Object, Origin, History, with Date of Opening.*

The want of an asylum for the treatment of pauper lunatics in the town and county of Elgin having been long felt, the Trustees of Gray's Hospital, anxious, in as far as they had the power, to supply this defect, made a proposition about the year 1826, of the following tenor to the landholders of the county:—
"If the landholders of the county will contribute liberally to "the erection of a Pauper Lunatic Asylum, and if the plan is "generally approved of by the public, the Trustees will grant "a sufficient extent of ground, in a very eligible situation, for "the site, and court-yard of an Asylum, give a handsome sub-"scription towards the buildings, and assist in paying the "wages and maintenance of a keeper."

This proposal was laid before the heritors at a county meeting on the 18th April 1830, and was referred by them to a committee, which, on 8th June of the same year, reported that "after fully discussing the different points of inquiry, they were "of opinion that, in the event of the Trustees of Gray's Hos-"pital succeeding in raising such a fund by general subscription, "as shall produce an interest equal to making a proper provision "for ensuring a fitting establishment of superintendence and "servants, to which subscription they trust the individual "heritors will give furtherance—the committee recommend to "the county to agree to a voluntary assessment for the necessary "buildings, on the ground to be granted by Dr. Gray's Trustees," &c. At a future meeting, the recommendation of the committee was adopted, and the county agreed to a voluntary assessment of £642, 0s. 7¾d., to defray the expense of the building.

On receiving a copy of this resolution, the Trustees of Gray's Hospital applied themselves diligently to obtain subscriptions to the charity at home and abroad; and, in the course of two years, they were so successful, as to feel themselves warranted to undertake the providing and paying a sufficient establishment of officers and servants for the Asylum, and to call upon the county gentlemen to proceed with the buildings, which were accordingly completed. The total amount raised by subscription was £1639, 4s. 10d. The original contract price of the buildings was £825, 6s. 6d.

The Asylum was opened in the year 1835.

In the year 1850, the buildings having been found too limited for the accommodation of the increased number of patients, an additional story was added to the house, which, with other improvements, cost £825, 14s. 3d. Besides these extensions, additions have been, from time to time, made to the Asylum buildings, the total cost of which may now be estimated at £1700.

II.—*Constitution, Government, and Management.*

From the obligations undertaken by the Trustees of Gray's Hospital, they, with the gentlemen annually elected by the Commissioners of Supply, are permanent Directors of the charity. They have the power of investing and drawing the interest of the money subscribed for the maintenance of the establishment, satisfying the public, by vouchers produced at the meetings, that the funds are in safe hands.

III.—*Quantity and Appropriation of Land.*

The extent of ground belonging to the Asylum is about one acre, occupied as airing-courts and garden. The Directors, however, rent a field of eleven acres adjoining the Asylum, for the employment of the patients.

IV.—*Amount and Description of Accommodation for Patients of the several Classes and respective Sexes.*

The accommodation for patients is as follows:—

		ft.	in.		ft.	in.		ft.	
		For Males.							
		On ground floor.							
One day-room, measuring		16	0	by	15	0	and	10	high.
Four cells, each	„	9	8	„	8	7	„	10	„
One cell,	„	11	0	„	9	8	„	10	„
One dormitory	„	29	11	„	15	3	„	11	„
One sick-room	„	13	2	„	11	10	„	10	„
One day-room for patients daily employed on ground	„	17	0	„	13	2	„	10	„
Bath-room	„	9	7	„	8	9	„	10	„
		On upper floor.							
One day-room,	„	26	7	„	15	3	„	10	„
Four cells, each	„	9	7	„	9	0	„	10	„
One dormitory,	„	16	3	„	15	0	„	10	„
Water-closet,	„	9	9	„	3	11	„	10	„
		For Females.							
		On ground floor.							
One day-room	„	16	9	„	15	0	„	10	„
Four cells, each	„	9	6	„	8	5	„	10	„

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		ft.	in.		ft.	in.		ft.	in.	
One cell,	measuring	9	0	by	10	8	and	10	0	high.
Four cells, each	„	9	10	„	7	1	„	10	0	„
One cell,	„	9	10	„	8	8	„	9	8	„
One dormitory,	„	14	4	„	14	11	„	10	6	„
Bath-room,	„	9	10	„	5	9	„	9	8	„

The upper floor is laid out on the same plan as that on the male side.

V.—*Sources and Amount of Income.*

The Directors have at present invested the sum of £1000, the interest of which is applied in payment, *pro tanto*, of the current expense. The rest is made up by payments on account of patients. There are no other sources of income.

VI.—*Rates of Payment for Patients.*

The expense of patients admitted into the Asylum is defrayed by the parochial boards which send them. From the date of opening till 1st September 1854, the rate for each patient was £12 yearly, exclusive of clothing and bedding; but owing to the high price of provisions, the rate of payment has since been £13.

The Directors are enabled to carry on the establishment at this low rate, partly from the assistance they derive from interest of the invested money, and partly from Dr. Gray's Trustees paying the medical officers of the Institution.

VII.—*Medical and other Officers, Attendants, and Establishment, with Salaries, Wages, and Allowances.*

The medical officers of the Asylum are the same as those of Gray's Hospital, consisting of a resident house surgeon, and two non-resident medical men who visit daily. The annual salaries and wages are as follows:—

* House surgeon, ...	£40	0	0	with board and washing.
* First non-resident medical officer,	50	0	0	
* Second non-resident medical officer,	40	0	0	
House attendant and matron, .	36	0	0	with certain privileges.
Two male attendants at £17 each,	34	0	0	with board and lodging.
Two female attendants at £6 each,	12	0	0	with board and lodging.

The buildings having been greatly enlarged about four years ago, the Directors do not contemplate any immediate additions, but they have repeatedly had under their consideration the subject of enlarging and multiplying the airing-courts.

* The salaries of these officers are entirely defrayed by Gray's Hospital.

VIII.—*Total Capital Expenditure, on 14th May 1855.*

For House and Land, ...	£1700	0	0
For Furniture, about	200	0	0
Total,	£1900	0	0

The proportion of this expenditure for each patient, on the estimated accommodation for 46, is £41, 6s. 1d.

IX.—*Condition of the Asylum when visited by the Commissioners.*

The Asylum is well situated, near Gray's Hospital, and within a short distance of the town of Elgin.

On the day of our visit, 4th August 1855, the house contained 21 males and 18 females, who are classified as quiet and refractory patients. The former occupy the upper story, the latter the ground-floor of the building.

Patients from the county of Moray have a preference, and none from other counties are received, until all from Morayshire are accommodated. No patients are admitted except through the application of the inspectors of the poor, even although they may not be actually paupers. When they are such, the friends of the patient repay the inspector the cost of maintenance. All the patients, therefore, are received at pauper rates. The Directors contemplated, at one time, providing accommodation for a superior class of patients, but this intention has never been carried into effect. Even at the low pauper-rates, however, some saving has been effected, and funds thus accumulated have been applied to increase the accommodation of the Asylum.

The ward for quiet and convalescent male patients contains eight inmates. The day-room is furnished with tables, chairs, and benches with backs, and the walls are ornamented with rude paintings executed by one of the patients. The windows overlook the country, and afford a cheerful prospect. The room has an open fire-place partially guarded; the windows have wooden frames, with small panes, and are not barred.

The attendant's room is on one side of the day-room, and has a small window communicating with it.

The corridor, or passage, is about four feet wide, with a single range of rooms on one side. On the other it overlooks the country.

The single rooms are very imperfectly ventilated, and are not heated in any way. The shutters are all closed at night, so that, although the windows are frequently left open, with the view of admitting fresh air, none can enter. An attempt was at one time made to introduce warm air, but the apparatus did not work

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Elgin Asylum.

satisfactorily, and it is now never used. In winter, flasks filled with hot water are placed in the beds of the weakly patients. The bedsteads are of wood; the bedding of chaff. The beds have each only one sheet, but, on the whole, they appear to be tolerably comfortable. At present only four patients sleep in the dormitory, but it is intended for eight. In a corner of the seat of the water-closet is a leaden basin, which serves as washing accommodation for all the patients in the ward.

The day-room of the convalescent ward is used also as the chapel; the precentor of the established church officiating as chaplain. He receives a salary of £7 per annum. He attends on Sunday, for an hour in the morning and another hour in the afternoon. He reads a chapter of the Bible, of which he gives an explanation, and sings two psalms. Both males and females are present.

The female convalescent ward is laid out exactly in the same way as that on the male side. The day-room contains a table and some chairs, but it is less cheerful than the men's day-room. Four patients were occupied—two in mending blankets, one in spinning, and another in carding wool. The single rooms, dormitory, water-closet, and means of washing, are similar to those on the male side. Neither of the convalescent wards have any entrance, except through their respective day-rooms.

The refractory wards are larger, and contain more sleeping accommodation. In the female division there were eleven patients. The day-room contains two benches with backs, and a table. There is an open fire-place strongly guarded. The window looks into the airing-court. In the recess of the window is a single basin which serves as washing accommodation for all the patients in the ward.

The single sleeping-rooms are ranged on one side of the passage, and the wall on the other is pierced with four small windows, at a height of about eight feet from the ground. The cells are flagged, and in the centre of each is a grated opening, originally intended to carry off the urine of the patients into a drain, but said not to be now used. In one or two of the cells, these openings have been closed, as the patients made use of them, and the rooms, in consequence, became infected with a disagreeable smell. The windows are small, measuring perpendicularly $1\frac{1}{4}$ foot, by 3 feet horizontally, and are eight feet from the ground. In the roof of the cells is a small square aperture leading into a ventilating flue, and the doors are pierced with holes to admit air. This part of the house is heated by flues running under the pavement of the cells, an arrangement which is said to answer well. The bedsteads are of wood, the bedding of chaff, and the coverings are good and ample. There is, at

present, no wet patient among the females; but when there is, chaff bedding is used, attention being paid to change it frequently. The bedsteads for wet patients have sloping bottoms, with pipes leading into a tray or tub.

A part of the ward is shut off by a door in the passage for the more noisy patients. It contains two rooms lined with wood, a padded room, and a dormitory which has an open fire-place. The walls of the dormitory were damp. There was no patient in seclusion.

The general effect produced by this ward is dreary and depressing. The only window accessible to the patients is that of the day-room, which looks into the airing-court. There is no water-closet within doors. The airing-court, which serves for both the quiet and refractory patients, is about 20 yards long and 14 yards broad. It is surrounded by buildings and high walls, and affords no prospect.

The male refractory ward is laid out nearly in the same way as that of the females, and the furniture and fittings are of a similar description. The rooms for single patients are like those on the female side, but are even more gloomy, owing to the roof of a covered walk in the airing-court partially intercepting the light. One larger cell contains two beds, and there is a dormitory containing eight beds, which is very gloomy and cheerless, from the high position of the windows. In the middle of the floor it has the usual grated opening. There is no water-closet or necessary within doors in this ward. The airing-court has a covered walk, with a seat. It measures about 25 yards long, and 20 broad, and is gloomy from being completely shut in by buildings and high walls. Some patients, both on the male and female side, have not been beyond the airing-courts for years.

There is a bath on both sides in the lower wards. That for the males has only borrowed light from the passage. The patients are bathed once a week. The shower-bath is also occasionally used, but not without medical sanction.

The chief occupation for the male patients is agricultural labour in the adjacent field. The workers have a separate day-room in which they take their meals, and there is a third small airing-court, laid out as a flower-garden, of which they have the separate use. It measures about 15 yards long, and 12 yards broad. About nine males are employed in the fields, and three females do light field-work. The females, however, are mostly occupied in the laundry and washing-house, and in sewing, spinning, &c. In winter, when field-labour is interrupted, the patients make mats, &c.

The means of amusement are very scanty, and the supply of books very small. The precentor attends for an hour every Wednesday, for the purpose of playing the violin and singing

Appendix B. VIII. Elgin Asylum.

with the patients; but, except some small festivity at Christmas, they have no social meetings within the Asylum; nor do they ever make excursions in the country. The provision for clothes' washing is bad, as there is only one small room that serves both for laundry and washing-house; but it is intended to provide better accommodation. There were no patients in the sick-room.

The patients appear to be sufficiently fed and clothed; the workers have bread and beer at twelve o'clock, as an additional meal. Mechanical restraint is in occasional use.

The Sheriff visits the house regularly, accompanied by Dr. Paul, who is one of the non-resident medical officers of the Asylum, as medical inspector. The only books kept are the "Register for Patients," and the private case-book of the surgeon. The instances of restraint are recorded in the latter, which, however, is never submitted to the Sheriff.

The chief faults of construction in this house, consist in the gloomy nature of the refractory wards, and the small size and confined character of the airing-courts. There is a great deficiency of the means of recreation; and, in a smaller degree, of those of occupation. The means for washing and personal cleanliness are very scanty. On the whole, however, considering the defective accommodation, the patients are well cared for.

No. IX.

General Prison, Perth.

CRIMINAL LUNATIC WARDS,

General Prison, Perth.

This prison is situated in the immediate vicinity of the town of Perth. The building appropriated to the insane was originally occupied by the French prisoners of the wars of Napoleon; and is massive and gloomy in accordance with the purpose for which it was formerly used. It was converted to its present use in 1846, in consequence of an expressed, or supposed desire, on the part of the managers of the chartered asylums, to be relieved from the care of criminal lunatics. At the date of our visit, 10th May 1855, the number of insane prisoners was 27, viz., 21 males and 6 females. There is accommodation altogether for 35 males and 13 females.

The building is two stories high, and consists of a central portion with a cross wing at each end. It has two fronts: one towards the principal airing ground for males; the other towards the airing ground for females. The whole of the lower story, and half of the upper one, is occupied by the men; the women are placed in the remaining half of the upper floor.

The male and female departments are completely separated from each other by strong partition walls.

The accommodation on the ground-floor consists of a series of cells, each containing from one to four beds; and of two day-rooms, placed in single range along the galleries. The cells are generally very gloomy, and are mostly flagged. The windows are strongly barred, and are also occasionally protected by trellis-work. They are generally placed high in the wall, beyond the reach of the patients. The doors of the cells are of great strength, and lined with iron plates, or studded with large iron nails. The cells in the cross galleries are warmed by heated air; but those in the central gallery have no means of receiving heat. The bedsteads are generally of iron, but there is one trough bed, and one or two common wooden bed-frames. The bedding appears sufficient, and consists of straw mattresses with blankets and sheets. One destructive patient has his blankets sewed in strong ticking; and another of occasional dirty habits has no sheets. The two day-rooms contain tables and benches without backs, and have open fire-places with strong iron gratings.

On the upper floor of the male side there are ten single rooms; two of them being padded, and one occupied by an attendant.

The accommodation on the female side consists of a day-room, and several cells with one, two, or three beds in each.

There are lavatories in the galleries, and a warm bath on each side, which is used by the patients once a month, and oftener if required.

There are two airing-courts for the males, and one for the females. One of the former measures 40 yards in length, and 31 in breadth; and the other 53 yards in length, and 16 in breadth. They are both enclosed by high walls. The females' court is about 70 yards long and 20 broad, and is more cheerful than the others, from possessing a limited view of the surrounding country.

There are four male attendants, and one female attendant. The whole arrangements are made principally with a view to the security of the patients, and scarcely, if at all, with reference to their treatment as sufferers from disease. The male patients are without the means of occupation or recreation, beyond the little that is afforded by the work of the house, and a small library of 341 volumes. Some of the females do a little sewing. Both sexes spend a great part of the day in the airing-yards, in a state of listlessness. Two patients are habitually under restraint.

On the 4th November 1856 we again visited these wards, and found three patients under restraint. One had an iron chain placed round his waist, to which one hand was fastened; another had a hand fastened in a similar way, and his legs were hobbled

Appendix B. No. IX.

General Prison, Perth.

by rings placed round the ankles, and connected together by an iron chain. The legs of the third were restrained in the same fashion.

All the patients are visited by the chaplain of the prison once a week, and he gives religious instruction to those who are competent to receive it. Five or six of the men, and all the women, attend the chapel on Sundays.

Further details as to the condition of the patients and state of the house will be found in Dr. Malcom's evidence, and in that of Mr. Gould.

No. X.

Inverness Infirmary.

LUNATIC WARDS OF INVERNESS INFIRMARY.

This Institution is situated about half a mile above the bridge of Inverness, facing the river. It consists of a central building of three stories, and of two wings of two stories, which are connected with the centre by a lower range of one story.

The accommodation for the lunatics consists of four cells on the ground-floor of each wing, and of a room in each of the connecting buildings. The cells are placed on each side of a central passage—two to the front, and two to the back, and are separated from the rest of the house by strong doors. They consist of stone vaults, which have no means of being warmed. The windows have been originally of full size, but are now strongly boarded up in the inside, till only an aperture about two feet broad, and three and a half inches high, is left at the top for the admission of air and light. This aperture can be closed only from the outside, by means of a lid or shutter. In the back cells this boarding constitutes the sole protection against the weather. There is no glass in the window; consequently, when the lid is open, there is direct communication with the outer air: and in winter there is thus no alternative, between starving the patient with cold, or keeping him in constant darkness. When the lid is closed there is no ventilation, except what may be obtained through holes pierced in the doors of the cells. The windows to the front of the house have glass in addition to the boarding.

The cells measure $8\frac{1}{2}$ feet long, by $8\frac{1}{2}$ broad, and are about 9 feet high in the centre of the arch. They are floored with wood; the passage is paved. The bedsteads are fixed wooden troughs, with a bottom sloping towards the foot where a tray is introduced. At the head and foot, are chains for the purpose of fastening the arms and legs of the patient. This precaution is said to be especially necessary in winter, to keep the patients in bed, and to guard against their throwing off their coverlets and being killed by the cold.

The room in each connecting building is intended for the

accommodation of the quieter patients. Each room contains one bed, but is sometimes occupied by two patients. It has an open fire-place strongly guarded, and two windows, barred without, and strongly guarded with trellis-work within. When the patients are quiet, they are removed from the cells and placed in this room during the day; but as a general rule they seem to be kept in the cells. The accommodation on both sides of the house is exactly alike. There are no water-closets, nor any means for washing; but close-stools, and basins, are said to be placed in the cells.

The cells of the Infirmary, it was stated, are used principally for the detention of patients till they can be sent to the chartered asylums in the south. With this intention the Sheriff, we were told, limits the period of their stay to three weeks. Theoretically, this may be the rule, but in practice it is widely departed from. In the winter of 1854–55, a female patient was detained for six months before being sent to Montrose; and during all this time, she was kept in her cell, with her hands muffled. Another patient, a male, was detained for three months. Last winter nine patients were in the house, and, as a general rule, none of them was ever taken out for exercise. There are two reasons for this: firstly, there are no enclosed airing-grounds; and secondly, there are no attendants to take the necessary charge of the patients. There is indeed one man who is styled keeper of the lunatics; but he is at the same time gardener, barber, and porter, and has neither the means nor the time to attend to the patients. Accordingly, he uses what restraint he considers necessary, and keeps them in their cells till they are removed. He has the keys of the females' cells also, but is assisted by a nurse from the common sick-wards in attending upon the women. He distinctly stated, however, that they are under his charge, and that he has access to them whenever he chooses.

No insane patients are received without the warrant of the Sheriff; but he does not appear to take any cognizance whether they are detained longer than the period limited by his warrant, and there is no record of any visit made by him to the lunatic department. The parishes pay at the rate of 1s. a day for their pauper patients while they remain. When they are sent to asylums in the south, they are generally accompanied by a policeman, and travel by the steamboat, or outside the coach; the females being unaccompanied by any person of their own sex. The parochial authorities complain much of the expense thus incurred.

There were no insane patients in the house on 8th August 1855.

APPENDIX C.

Descriptions of Private Institutions licensed for the reception of the Insane; and of Idiot Schools.

PRIVATE LUNATIC ASYLUMS.

I.—*In Eastern District.*

(*a*) Edinburgh Houses.

1. Hawkfield House, Leith.
2. Pennywell House, Grange Road.
3. Saughtonhall Asylum.

(*b*) Musselburgh Houses.

4. Mrs. Brownlee's House.
5. Miss Campbell's House.
6. A. Chalmers' House.
7. Eastfield House, Joppa.
8. Eastport House.
9. Hallcross House.
10. Lilybank House.
11. Mrs. Mark's House.
12. Millholme House.
13. Mrs. Monro's House.
14. Newbigging House.
15. Seabank House.
16. Shepherd House.
17. Whitehouse Asylum.

(*c*) East Lothian Houses.

18. George Davie's House, Tranent.

II.—*In Northern District.*

19. Middlefield Asylum, Aberdeen.

III.—*In Western District.*

(*a*) Lanarkshire Houses.

20. Blackfauld Asylum, Rutherglen.
21. Garngad Asylum, Glasgow.
22. Langdale Asylum, Bothwell.
23. Springbank Retreat, Glasgow.

(*b*) Renfrewshire Houses.

24. Hillend Asylum, Greenock.

IDIOT SCHOOLS.

25. Baldovan Asylum, Dundee.
26. Edinburgh Idiot School.

PRIVATE LUNATIC ASYLUMS.

Licensed Houses.

Hawkfield House, Edinburgh.

1. HAWKFIELD HOUSE, RESTALRIG ROAD, LEITH.

DR. CHAPMAN, Proprietor.

Visited 11th July 1855.*

Dr. Chapman has devoted himself to the treatment of the insane for many years.

* Many of these houses were visited two or three times. The date at head of the description is that of the first visit.

The house, which at present contains 31 patients, namely, 15 males and 16 females, stands in a pleasant and retired situation, surrounded by its own grounds. It is approached from the road by a straight avenue. We found the gate standing open, and no particular features to mark an asylum. The pleasure-grounds in front of the house are used by the quieter and convalescent patients; those behind by the less trustworthy.

The Asylum consists of two adjoining houses. The rates of payment vary from £50 to £80 a year. Dr. Chapman does not profess to take patients at lower rates, but there are several at present for whom, from particular circumstances, he receives less.

Each patient has a separate sleeping-room, and one or two have separate sitting-rooms; but, as a general rule, the patients occupy associated day-rooms. The sleeping accommodation, considering the payments made, is poor. The rooms are scantily furnished, and not very neatly kept; and those occupied by patients of dirty habits are very close and unpleasant. Sufficient attention is not paid to ventilation and cleanliness. Above the doors are small openings covered with wire gauze, intended for ventilation, but many of them are covered with wooden slides, which have become fixed by paint, and cannot be opened. The sleeping-rooms have open fire-places, and the house is besides warmed by hot water. The lower half of the windows is covered by a frame of strong wire gauze, which serves as a protection when the window is open. It produces a gloomy effect, and prevents a distinct and clear view of the country being obtained. The windows have also sliding shutters.

The accommodation for males is inferior to that for females. The bedrooms are bare and comfortless, and the sitting-rooms are small, confined, and deficient in furniture. The sitting-room, for those paying the lower rates, has only wooden benches, which are without backs, except where fixed against the wall. Indeed, the part of the house occupied by patients of this class is altogether very gloomy and depressing.

There are two padded rooms, one for males, and the other for females, both very close and ill ventilated.

There is a warm-bath, shower-bath, and douche. The last is occasionally used, and it is said, with benefit to the patients.

Mechanical restraint is said never to be employed.

There is a very small airing-ground, kept in a very untidy state, for refractory male patients. It is enclosed by high walls, and is very gloomy. There is no corresponding airing-court for females. Behind the house is a good-sized grass field, with trees; and beyond it, a large garden. The males and females take exercise in them alternately; the males in the garden in the morning, and in the field in the afternoon. The patients frequently walk beyond the grounds. The males are said to do some garden work; but generally, there seems to be a deficiency

Appendix C. Licensed Houses. No. 1.

Hawkfield House, Edinburgh.

of the means of occupation. There is a billiard-room. Some of the patients go regularly to church; and during the season, a few bathe in the sea. The diet appears good and ample; steel knives and forks are in general use. There appears to be a disposition to treat the patients with kindness.

The books kept are the Weekly Register, and Madhouse Register. The Sheriff visits the house twice a year, accompanied by a medical inspector. This is regularly done in all the Midlothian houses, but in none is there any record of their visits, beyond the signature of the inspector in the Weekly Register.

Pennywell House, Edinburgh.

2. PENNYWELL HOUSE, GRANGE ROAD, EDINBURGH.

Mrs. Hewitt, Proprietor.

Visited 11*th July* 1855.

This is a modern moderate-sized house, separated from the road by a small plot or garden.

It contains 3 patients, 1 male and 2 females, who have been with Mrs. Hewitt for many years. Two of the patients, a man and a woman, sleep in the attics, which are lighted from the roof. The room of the woman is of tolerable size, but that of the man is a mere closet. The beds are clean and comfortable. The other female sleeps in a small room on the ground-floor. She is of dirty habits, and her room is extremely offensive, the walls being smeared with filth, and the floor wet with urine. The mattress of her bed is foul and rotten, and was drying in the garden. This patient is occasionally unruly, and is then habitually restrained with the strait-waistcoat.

The patients all dine separately. The rate of payment is £40 a year for each. Two servants are kept, and Mrs. Hewitt's son assists in the charge of the house.

There is a small walled garden, with a view of the country to the south. One of the females is trusted out alone to make small purchases, &c. All three patients are elderly.

The medical attendant visits about once a week. His remuneration is £5 yearly, with additional fees in cases of bodily illness.

The Weekly Register is kept, but it contains no entry of mechanical restraint.

Saughtonhall, Edinburgh.

3. SAUGHTONHALL ASYLUM, EDINBURGH.

Dr. Smith and Dr. Lowe, Proprietors.

Visited 10*th July* 1855.

This Asylum occupies a pleasant situation on the banks of the Water of Leith, about two miles west from Edinburgh. It con-

sists of the old mansion-house of Saughtonhall, which has been greatly enlarged, and of a new building for convalescents, about a quarter of a mile distant from the old house. The grounds belonging to both amount to 27 acres. Great expense has been incurred in adapting the premises to their present purpose.

The old house, at the period of our visit, contained 28 patients, viz., 15 gentlemen and 13 ladies, and there was a considerable amount of vacant accommodation.

On the ground floor are three rooms for male refractory patients. They are of large size, but were in considerable disorder, owing to the practice of allowing the patients to arrange the furniture according to their own fancies, so long as they do nothing to injure either themselves or their attendants. One patient accordingly had placed his bedding on the top of the table, while another had spread his mattress on the floor. These rooms have open fire-places, and hot air is besides introduced into the galleries. Adjoining the refractory rooms, is a small airing-court, laid down in grass, and neatly kept, with shelter from sun and rain, but cheerless from being enclosed by high walls, which exclude all view of the surrounding country. The patients walk in this court at will, provided an attendant be present.

Throughout the house, every patient has a separate sleeping-room. A few have private sitting-rooms also, but in general the patients associate in common day-rooms. Both sleeping-rooms and day-rooms are of ample size, and comfortably furnished, but the house is rather gloomy from its original construction. When a patient is first admitted, an attendant is always placed with him, till a knowledge of the case is acquired; but he is removed as soon as this can be done with safety, and, as a general rule, attendants do not sleep in the patients' rooms.

There is no artificial ventilation; but the want of it, owing to the size of the rooms and the open fire-places, is not much felt. The windows have metal frames, and are divided into compartments, which open separately. They are provided with sliding shutters, which lock in such a manner as to leave a large or small space open, as may be desired. The beds are clean and comfortable. After trying various descriptions of bedding for wet patients, such as canvas stretchers, Mackintosh sheets, &c., Dr. Lowe now provides for this class of patients straw mattresses with a perforated tray. There is washing accommodation in every room. The patients' clothes and the furniture are removed from the rooms at night. There is no night-watch.

The walls of the rooms of the female refractory patients are boarded. Some of them are lighted by a lamp placed in the wall between the room and the gallery, which gives sufficient light for general purposes, but not to read by. Gas has lately been introduced into the house.

Appendix C. Licensed Houses. No. 3. — Saughtonhall, Edinburgh.

Recourse is occasionally had to chloroform in the treatment of the patients, as, for instance, for introducing the feeding tube. It is also used in refractory cases to facilitate the removal of the patients from their homes to the asylum. On this subject additional details will be found in Dr. Smith's evidence.

The gentlemen's airing-ground measures nearly two and a half acres. It is pleasant and cheerful, and has a raised walk from which the surrounding country can be seen. It contains seats, a summer-house, &c.

The ladies' airing-ground contains nearly three acres, and has also its summer-house and seats. There is no separate airing-court for the female refractory patients. They walk under the care of an attendant in the general airing-ground.

The patients, when convalescent, have access to other extensive walks within the grounds, and are also allowed to take exercise in the country, accompanied by an attendant.

The rates of payment vary from £100 to £250 a year; but clergymen, medical men, and persons in reduced circumstances, are frequently received on lower terms.

Balgreen is a recently erected house, built expressly for a convalescent establishment. It is extremely cheerful and well furnished, and has all the appearance of a private residence. The patients here, 3 gentlemen and 7 ladies, are convalescents, or quiet and orderly chronic cases. Dr. Lowe states that he finds it of great service in the treatment of his patients, to have it in his power to hold out transference to this house as an inducement to self-control. The rate of payment is £50 a year higher than in the old house. The ladies, with one exception, dine together. In the old house the patients dine in groups of three or four, or singly.

The windows at Balgreen have the ordinary wooden frames, and are in all respects like those of a private house, except that they open only a few inches. There are guards for the fireplaces, which are used only in particular cases.

Mechanical restraint is never had recourse to, except when artificial feeding is necessary; the hands are then strapped behind the back.

There are, for both houses, nine male attendants, and eleven female servants and attendants.

One license suffices for both houses.

There is no chaplain, but Dr. Lowe reads service on Sundays, and several of the patients attend church in Edinburgh or Corstorphine. During the season sea-bathing quarters are taken, to which the patients go in rotation.

The patients are well supplied with books and newspapers, and there is a billiard table. A few of the gentlemen work a little in the garden, and the ladies employ themselves in needle-

work. There are two carriages belonging to the establishment, and more are hired when wanted. There are occasional social meetings of both sexes, but not at stated periods.

The records kept are the Weekly Register and the Madhouse Register. But, in consequence of restraint being so little used, the columns in the former, for patients under restraint, are no longer introduced.

4. MRS. BROWNLEE'S HOUSE, MUSSELBURGH.

Visited 3d May 1855.

This asylum stands in the main street of Newbigging, and receives private patients only. It contains, at present, 2 males and 10 females.

The annual payments range from £32 to £50; but one patient, who has been reduced to poverty, is kept at the pauper rate of £20, which is paid by the parish of Inveresk.

The house is sufficiently large for the number of patients, but there is a want of proper method and arrangement, and the rooms are dirty and untidy.

The two male patients sleep in the upper floor, and must necessarily pass through that part of the house occupied by the females, in order to reach their bedrooms. They are both elderly men, and easily managed; but this arrangement is, nevertheless, objectionable. An attendant sleeps in the same room with one of these patients.

The patients, in general, take their meals in their bedrooms; but some of the females, we were told, occasionally dine with Mrs. Brownlee.

At the back of the premises are two or three rooms, occupied by the poorer and more noisy patients. One of these is often restrained with the strait-waistcoat; and is locked up in a dismal boarded seclusion-room, whenever she shews a disposition to be violent. This treatment is often had recourse to, without the sanction of the medical attendant, and no record of it is made.

Another female, of dirty habits, is not well attended to; and she also is frequently in restraint.

There is one male attendant, an old man, who seems to be principally occupied in the garden, and three female servants. The garden is large, but none of the patients ever go beyond its walls.

The general impression conveyed by the inspection of this establishment was unfavourable; and we had reason to think that there was prevarication on the part of those in charge, especially in reference to the use of mechanical restraint and seclusion.

Appendix C. Licensed Houses. No. 4.

Mrs. Brownlee's House, Musselburgh.

The Weekly Register is imperfectly kept, and contains no record of restraint.

On a second visit we found one of the lady patients sitting on the floor of the seclusion-room above adverted to, eating her dinner. The room had no furniture except the bedstead, and two boxes nailed to the floor to serve as seats. The fire-place was boarded up, and evidently never used; and the window barred and trellised.

The other patients were taking their dinners in their sleeping-rooms. They had roast-mutton and potatoes, and tore the meat with their teeth and fingers, having no knives or forks.

The more troublesome patients seem to be very much confined to their rooms, but those who are manageable are allowed to be a good deal in the garden.

Miss Campbell's House, Musselburgh.

5. MISS CAMPBELL'S HOUSE, MUSSELBURGH.

Visited 2d May 1855.

A good house, in a garden. There is only one patient, an old lady, who has been here many years. She was out walking, accompanied by an attendant, when the visit was made. On a second visit she was seen, and appeared to be comfortable, and properly taken care of.

A. Chalmers's House, Musselburgh.

6. A. CHALMERS'S HOUSE, MUSSELBURGH.

Visited 26th May 1855.

A. Chalmers has been a gardener. About ten years ago he acted for some months as an attendant in Saughtonhall asylum; and he took this house at Whitsunday 1855, for the purpose of receiving private patients.

The house is situated in Market Street, Fisherrow.

At the date of our visit it was only partially furnished, and not ready for the reception of patients; but we understand that two or three have since been admitted. The house and garden are both small, and do not afford the means of properly separating the sexes.

Eastfield House, Musselburgh.

7. EASTFIELD HOUSE, JOPPA.

Visited 2d May 1855.

Miss Wotherspoon, Proprietor.

This is a smal cottage on the road-side between Portobello and Musselburgh. It is comfortably furnished, and has a garden enclosed by a high wall, butwith a seaward view. It is, perhaps, more a house of detention for ladies addicted to intemperance than an asylum for lunatics. At present there is only one

lady, under warrant as a patient, who pays £63 a year; but there is also another inmate, a deaf and dumb person, who, though fatuous, is not under warrant.

Miss Wotherspoon receives ladies who come under a voluntary obligation not to go out unattended, but she has had only one case of this kind. In such cases restraint would be used if necessary. The name of the deaf and dumb patient is not in the Weekly Register, and she has not been seen by the Sheriff, nor by the medical inspector.

8. EASTPORT HOUSE, MUSSELBURGH.

Visited 2d May 1855.

JOHN SCOTT, Proprietor.

This asylum stands in the main street of Musselburgh. It is a three-storied house with some low buildings behind, and a garden which serves as airing-ground. The number of patients, at the time of our visit, was 21, namely:—

Males.		Females.	
Private,	1	Private,	1
Pauper,	6	Pauper,	13
	7		14

The licences are granted in the name of John Scott, who, till August 1854, was clerk and traveller in a house of business in Musselburgh. He is, however, associated with his aunt, who, for about two years, kept a house for lunatics in Market Street. On the Sheriff refusing to grant any more licences on account of its crowded state, she removed hither, and the present house was taken in Mr. Scott's name about a year ago.

The principal building contains a good many apartments of fair size, and is calculated to receive a considerable number of patients. As the house has only lately been opened, there is no overcrowding. It is extremely bare of furniture, and one room, containing only a bench and one chair, was pointed out as the day-room for females. The windows of this room are barred and also protected with wire-work; the glass is deadened, and whenever the sashes are raised to admit air, a dark curtain is drawn over the opening, to prevent the patients from looking out. The fire is guarded, and, altogether, the room presents a most dreary and gloomy aspect. There is a smaller day-room for male patients. The window of a small inner room has been boarded up so as to form a dark seclusion-room.

There is no ventilation except by the doors and windows, and the fire-places of the sleeping-rooms are, in general, boarded up.

Appendix C. Licensed Houses. No. 8. — Eastport House, Musselburgh.

Shortly after possession was taken of the house, all the windows were strongly secured with iron bars, in consequence of a female patient, who slept with five others in a room fronting the street, tearing away the wire-work, and throwing herself out of the window. There was no attendant in the room.

The bedsteads are generally of iron, and the mattresses of straw. The bedding of the dirty patients was drying in the yard. The mattresses, used by such patients, are not changed, but the straw is said to be renewed once a week, and that of the beds of cleanly patients, once a fortnight. In bad weather, we fear, the bedding of the former must necessarily be made up in a wet and offensive state, owing to the scanty supply of mattresses and straw, and the want of proper means for cleansing and drying it. The beds have each only one sheet; the coverings are scanty, and there was no stock of blankets beyond what was in use. During the late cold weather, we fear, the patients must have been very insufficiently supplied with coverlets. The supply of straw for renewing the bedding was very insufficient.

The house is supplied with water from a pump behind the house.

The patients wash themselves in the washing-house, or at the pump. There are no baths or lavatories within the house. The privies in the airing-courts are very filthy, and appear to be used by both sexes indiscriminately. There was a deficiency of chamber utensils.

The strait-waistcoat is used whenever the attendants consider it necessary. Other forms of restraint, as by straps, are also habitually in use.

The shower-bath, which stands in the washing-house, is also used without medical sanction, for the purpose of calming patients; and there appears to be no check whatever upon its employment.

Patients of the worst class are kept in the buildings behind. Five females of dirty habits sleep in a room, or out-house, containing only four beds. This room seems originally to have been a washing-house, or some such out-office. It is flagged and damp, and is very dirty and offensive; it has a stove, but there was no fire, though the day was cold. One woman was in a strait-waistcoat, and was described as very violent and destructive. She had broken her iron bedstead. In consequence of her violence, she is often strapped to her bedstead. She was very poorly clad, scarcely with decency, and was in a wretched condition. All the bedding in this room was very filthy. No nurse sleeps near these patients, nor have they any light during the night-time.

The diet was stated to be as follows: breakfast, porridge and milk, or coffee; dinner, broth with a little meat. On the day of our visit, it was made from sheep's trotters, and was very poor and unsavoury. Fish is given occasionally. In the evening,

there is again porridge and milk. The amount of food allowed the patients appearing scanty, we endeavoured to ascertain the expenditure in diet, by examining the tradesmen's books. As far as we could judge it was small, considering the number of inmates. A larger sum had been laid out in iron-work for guarding the windows than in butcher's meat, since the opening of the house. The patients appear to take their meals wherever they choose; at dinner we found some crouching in corners of the yard, others were in the kitchen, others in their rooms.

The rate of payment for pauper patients is £20 a-year, which includes clothing and bedding. For this sum, Mr. Scott removes patients from distant asylums to Musselburgh, without any charge for travelling expenses, medical certificate, or licence. One private patient pays £30 a year, the other £25.

Mr. Scott and his grandfather, an old man, are the only male attendants. The female attendants consist of his aunt and two girls, one about twenty years of age, and the other sixteen, who receive respectively £6, and £2, 10s. a year. In addition to attending on the patients, they do all the washing and cooking.

There are no means of occupation or amusement, beyond those afforded by the garden, which consists of a narrow strip of land about 12 yards broad, and perhaps 90 yards long. It is divided into three parts—that nearest the house serves as airing ground for the females; that immediately beyond as airing-ground for the males; and the last division is a vegetable garden. The separation of the sexes, both in the house and grounds, is very imperfect. A missionary visits the house once a fortnight.

The patients are visited by two medical officers. One of them is appointed by Mr. Scott; the other is the parochial surgeon of Inveresk, who takes charge of the paupers belonging to his own parish.

We found here an instance of the evils resulting from underbidding for patients, by the proprietors of licensed houses. There is a poor girl, a patient in the house, belonging to the parish of K., who, at one time, filled a respectable position in society, and, with her mother and sisters, kept a boarding-school at C. The family afterwards went to Glasgow, and were employed in teaching. The mother died, and grief for her loss seems to have been the chief cause of the daughter's illness. She was at first sent by the parish of Glasgow to Gartnavel Asylum, but her place of settlement having been discovered, she was removed by the parish of K. to Mr. Scott's house, where the charge is less than at Gartnavel. She is here placed with patients very inferior to herself in education and manners, is subjected to no curative treatment, and is deprived of all means of occupation and amusement.*

* The attention of the parochial authorities of K. having been called by us to this case, the patient was removed, and placed in more favourable circumstances.

Appendix C. Licensed Houses. No. 8. —— Eastport House, Musselburgh.

There is another case in this house which appears deserving of notice. It is that of a young man, also a pauper of the parish of K. He had received a good education, and, we were informed, had distinguished himself as a student at the University of Glasgow. On becoming insane, he was placed in the Edinburgh Asylum, by the inspector of poor. His sisters afterwards were anxious that he should be discharged, and accordingly proposed to undertake his maintenance; a friend, at the same time, offered to find him employment. The inspector, however, declined to interfere, unless on production of a medical certificate, that the patient was in a fit state to be at liberty. This was not forthcoming, and, after a time, he was removed to Mr. Scott's house.

The records kept are the Weekly Register and Mad-house Register. The register of restraint in the former is entirely neglected.

On a second visit, we again found the room for the patients of dirty habits in a very offensive state. Some of the mattresses wet with urine, and otherwise filthy, were on the beds; others were drying in the yard. The violent female patient, already mentioned, was in the airing court, in a strait-jacket, and fastened to a paling by a strap. Still there was no entry of restraint in the register. One or two patients were whitewashing the walls of the airing-grounds. The others were idle.

Hallcross House, Musselburgh.

9. HALLCROSS HOUSE, MUSSELBURGH.

Miss Reid, Proprietor; assisted by her uncle, Mr. Reid.

Visited 1st May 1855.

This house is situated in the main street of Fisherrow. It contained, at the date of our visit, 81 patients, viz:—

Private patients,	male,	. . . . .	1
,, ,,	female,	. . . . .	19
Pauper ,,	male,	. . . . .	32
,, ,,	female,	. . . . .	29
			81

The premises consist of a principal building fronting the street, and some back projections and outhouses. The male pauper patients are located principally in the back buildings; the private patients and the female paupers in the main house.

As a general rule, the sleeping-rooms are small and crowded. The paupers have no day-rooms, so that their sleeping-rooms are always in occupation, except when the patients are in the grounds. The beds in some of the rooms fold up into presses, and, as this is done early in the morning, it is impossible they can ever be thoroughly aired. One patient sleeps in a press under a wooden stair, through which apertures are bored to give him air. Several of the rooms on the ground-floor are flagged.

The rooms, with few exceptions, contain no tables, so that

the patients are obliged to eat their meals off their knees. In some of them there are no chamber utensils, a tub being placed in the middle of the floor at night for general use. There are generally five or six, occasionally as many as eight, patients in a room, but sometimes only one, two, or three. In two instances, two men occupy the same bed. Some rooms are greatly over-crowded, and as there are scarcely any means of ventilation, they must become exceedingly close during the night. Some of the bedsteads are of wood, others of iron. The bedding consists of a straw mattress, a blanket, a rug, and one sheet. There is no change of mattresses for wet patients; they are simply dried and replaced, and the straw is renewed about once a week. The rooms are warmed by open fire-places or stoves, and are lighted with gas. The windows are all barred, and most of them are also guarded by wire-work.

The pauper diet consists of porridge and coffee for breakfast, broth made from ox-heads for dinner, and porridge again at night.

The private patients are said to have coffee and toast for breakfast, and broth and beef for dinner. The lower class of private patients mess with the paupers. There is no diet table, nor any means of ascertaining the quantity of food allowed the patients, who, however, appear sufficiently fed.

The clothing was generally clean, and sufficiently warm for the time of year.

Restraint is in frequent use. One patient is habitually fastened to the bedstead at night; another we found chained to the fire-place; another was in a strait-waistcoat. Chains are attached to several of the bedsteads, and one is fixed to the floor of one of the rooms to fasten patients who are not allowed to go out. There were a quantity of straps, and shackles, in the men's rooms. A shower-bath stands in the wash-house, and it is used at the discretion of the attendants, to quiet noisy and violent patients. Restraint of various kinds is employed without the previous sanction of the medical attendant, but its use is said always to be reported to him. A suicidal patient was in seclusion in an outhouse, which is not warmed, and is lighted only by some small panes above the door. The patients, it would seem, wash in the morning or not, as they choose; there are no lavatories, and no apparent means of washing, except the pump; although we were told that pails are placed in the rooms for that purpose.

There is no warm bath. During the summer, a few of the patients bathe in the sea. There are privies in the yards, but no water-closets within doors. There are two male attendants besides Mr. Reid, and four female servants. The head male attendant has £22 annually, the second £18. One female servant receives £8 annually, and the others £6 each.

The sexes are very imperfectly separated. There is a cell for

Appendix C. Licensed Houses. No. 9. —— Hallcross House, Musselburgh.

a male patient on the females' side, and males and females take their exercise in the garden at the same hours, only nominally separated by a low fence. There is a second small airing-court, measuring 60 yards by 5½, which is reserved for the worst class of male patients, who, it is said, cannot be trusted to comport themselves with decency. The garden measures about 60 yards in length, by 35 in breadth, and is enclosed by high walls.

There is a billiard-room, but so few patients understand the game, that it is little used. The table occupies a large room, which might be turned to much better account as a work-room. Several of the patients attend church, and a missionary visits the house every second Tuesday, and delivers a short discourse.

The highest rate of payment for private patients is £50 a year; one pays £40, and three £30. The pauper rate of payment is either £22 or £20 a year; in both cases including clothing. About sixty patients pay the former, and twelve the latter sum. The rate was formerly £22 in all cases, but other houses having reduced their charge, Miss Reid was obliged to follow the example, or lose her patients; some having been removed before the reduction was agreed to. This was done by the parishes of Dirleton and Musselburgh; and those of Alloa, Leslie, Callendar, Clackmannan, and Humbie, threatened to do so likewise.

The register of restraint is very meagre and unsatisfactory, and affords no information relative to the kind of restraint, or the supposed necessity for its application. Neither is any record kept from day to day of its continuance. The whole of the very large stock of instruments of restraint, is left in the custody of the attendants, who have thus the power of employing them whenever they think fit.

In order to ascertain, precisely, the degree of overcrowding, we obtained the following measurements of some of the rooms.

"No.——ground floor, with six beds and seven patients; contents, 1875 cubic feet, being 267⅞ cubic feet to each patient. This and the adjoining apartment are heated by one stove, protected by an iron guard.

"No. 13, ground floor, with six beds and six patients; contents, 1408 cubic feet, being 234⅔ cubic feet to each patient.

"Room communicating with No. 13, five beds and five patients; contents, 1805 cubic feet, being 361 cubic feet to each patient. Heated jointly, by a stove, with No. 13.

"Detached building for refractory patients, with entrance from the garden; one bed and one patient; contents, 375 cubic feet. No stove or fire-place.

"Upper floor of detached building; room with five beds and six patients; contents, 1148 cubic feet, being 191⅔ cubic feet to each patient. A fire-place, protected by an iron guard.

"No. 7 of detached building, with three beds and three

patients; contents, 1058 cubic feet, being 352⅞ cubic feet to each patient. A fire-place, protected by an iron guard.

"Room of main house, upper floor, with five beds and six patients; contents, 1557 cubic feet, being 259⅚ cubic feet to each patient.

"Closet in attic floor, No. 11, with one bed and two patients: contents, 356 cubic feet, being 178 cubic feet to each patient.

"*Note.*—The average height of the ceilings is 7 feet 11⅛ in."

10. LILYBANK HOUSE, MUSSELBURGH.

ROBERT AIKENHEAD, Proprietor.

Visited 1st May 1855.

Mr. Aikenhead was formerly a victual-dealer, and entered upon his present occupation about six years ago, without any previous experience in the treatment of the insane.

The premises are situated in Fisherrow, close to the old bridge over the Esk, and are rented from the town of Musselburgh at £35 a year. They consist of a three-storied dwelling-house, with small plots of ground in front and behind; and of two out-buildings, one on each side of the front plot, which is entered from the street. The whole of these buildings are fitted up for the reception of patients, who are all parish paupers. At the date of our visit, there were 37 males, and 35 females.

The centre house is appropriated to the male patients, and to the accommodation of Mr. Aikenhead's family; the former occupy the two upper stories, and the latter the ground floor. The females occupy the larger of the out-buildings, which consists of two stories, while the other building, which is of one story only, is occupied both by male and female patients. This last out-house appears to have been originally a cottage, entered from the street. It consists of four apartments, three being floored with wood, and the fourth paved with brick. In each of the two larger rooms are seven patients; males in one, and females in the other. The fire-places of both are boarded up and not used. The other two rooms are small; two female servants sleep in one, and an attendant and a male patient in the other. There are fire-places in them, and, it is said, fires are lighted in winter; but the rooms are so small, and so destitute of furniture, that they can afford only very comfortless and scanty accommodation to the patients, who at that season must use them as sitting-rooms. There are no separate day-rooms in the buildings, and the patients are consequently obliged to pass a great part of the day in their sleeping-rooms, which are very ill adapted to serve this double purpose. They are crowded with beds, and generally contain no other furniture except one or two benches, totally insufficient to accommodate the patients, many of whom are thus obliged to sit on their beds. There are no tables.

The rooms have no means of ventilation except by the doors

Appendix C. Licensed Houses. No. 10. —— Lilybank House, Musselburgh.

and windows, both of which are closed at night; and as the patients go to bed at seven, and do not rise till half-past eight, it is obvious that the atmosphere must become extremely contaminated, especially in those rooms of very limited size, which are occupied during the night by seven or eight patients, and serve, moreover, as sitting-rooms during the day. Another source of the impurity of the air in some of the lower rooms lies in their being paved with bricks, which become impregnated with the urine of the patients, and are thus almost constantly damp and offensive. As a general rule, the fire-places throughout the house are boarded up, and there are perhaps not more than two rooms in each building in which fires are lighted in winter. In these rooms the patients naturally congregate, and there is reason to fear, that the more feeble are prevented by the stronger, from approaching the fires.

There is only one room for a single patient—a small closet without a fire-place. The window originally contained six panes of glass, but three of these have been removed, and replaced with wire gauze, so that there is no protection from the cold in winter.

The bedsteads are principally of iron, and the mattresses are of straw; many of the latter are thin, hard, and uneven. The straw is said to be changed every six weeks, or as often as is required, but the stock kept for the purpose is very insufficient. The bed-coverings were scarcely sufficient for the comparatively warm season of the year at which our visit was made. Additional coverings were said to have been on the beds during the winter, but, as on repeated inquiries a very scanty stock only was produced, we have no doubt that, during the late inclement season, the patients were very imperfectly protected from the cold. This fear was further confirmed by the deficient day-clothing of the patients, and by their miserable appearance.

There is no water on the premises; the supply for cooking and drinking is derived from a well in the street, and that for washing from the river. The female patients are said to wash in a tub, which is placed in a cold and very damp washing-house, which serves also as the dead-house. The men, we were told, have two pails of water placed in one of their sleeping-rooms, for the purpose of washing—all making use of the same water. But inquiry led us to think that some of the patients often pass many days without being washed. There are no warm baths, but there is a shower-bath in the washing-house, which is used principally to calm excited patients; and as a punishment or threat, generally without the knowledge or sanction of the medical attendant. There were chamber utensils in the rooms, but not in sufficient numbers. The means for washing the bedding and clothing, and also for cooking the food, are very deficient.

The windows are all barred, and many of them are also guarded by wire. The panes in the cottage are also obscured

with paint; and several panes that have been broken in the females' sleeping-rooms are replaced with wood.

There are no water-closets in the house, but there is a privy in each airing-ground, in which the excrement is allowed to accumulate till it forms a cartful for removal. We found them in a very filthy and offensive state.

The male attendants are—

Mr. Aikenhead; a paid attendant at £26 per annum; and one at £12 per annum.

The female attendants are—

One at £8 per annum; one at £7 per annum; one at £5 per annum.

A cook at £8 completes the establishment.

The patients receive three meals a day. For breakfast, they are said to have porridge and butter-milk, those who prefer it getting coffee. For dinner, broth and meat; and porridge again at night; but there were no means of ascertaining the quantity of food allowed to each patient. As there are no day-rooms, and no tables, the patients take their meals in their sleeping-rooms, or squatting in the yards, in a most comfortless manner. There were only three drinking mugs for the whole of the patients.

The male patients presented unmistakable signs of deficient vital power. Their skins were cold, their circulation feeble, and their flesh wasted. They were poorly clothed, generally without flannels and drawers, and were evidently under-fed. The females were better clothed, and in better condition.

Restraint is in common use. One man, J. R., was handcuffed, and is habitually chained by the leg at night to the bedstead. Another man, D. W., was also handcuffed. Another, A. S., is frequently in restraint. Another, R. R., is occasionally leg-locked at night. The attendants have handcuffs, straps, and strait-waistcoats in their keeping, and apply them as they see fit, without the knowledge or sanction of the medical attendant. The female attendants put out the strait-waistcoat at night to be ready for use.

The patients are rarely, if ever, taken beyond the bounds of the premises, and the means of exercise are limited to the two small airing-yards. In that of the men, a bowling-green, occupying almost its entire surface, has been lately constructed, but no bowls have as yet been provided. The female airing-court measures about 18 yards in breadth, and about 40 in length, but a considerable portion of it is occupied as a garden, leaving the patients only two short walks as exercise ground. The men's airing-ground is of the same breadth, but scarcely so long. The patients are restricted to the walk round it, not being permitted to go on the grass, which has only recently been laid down.

There is an almost entire want of the means of occupation and

Appendix C. Licensed Houses. No. 10. — Lilybank House, Musselburgh.

amusement; only one or two of the men occasionally work a little in a small garden to the left of the premises. This garden is separated from those of the neighbours by a broken hedge, so that the patients do not enter it unless under surveillance; which, with the small number of attendants, cannot be afforded.

The rate of payment is £20 a year, which sum includes clothing and every incidental outlay, and also the expense of removing patients. A large proportion of the patients have been brought from the chartered asylums.

The records are very defective. Indeed only one book is regularly kept, and it contains simply the names of the patients, with some casual remarks. There is no register of restraint. We were informed that until 1850 a record of this kind was kept; but, as it was never examined by the official inspectors, it was discontinued. The Madhouse Register is sent to the Sheriff at the end of the year. Mr. Aikenhead is totally unacquainted with the provisions of the statutes, and, indeed, has never seen the acts of parliament relating to lunatics.

Mr. Laurie, the medical officer, attends daily.

On the 25th of May we made another visit to this house, and found its condition very much as above described. Nearly all the male patients were in their airing-yard totally unoccupied, except two who were reading. J. R. and D.W. were handcuffed as before. Several of the patients complained of the want of occupation. A few of the females were sewing and knitting.

On again making inquiry into the store of winter clothing, we were shewn eighteen pairs of blankets and five bed-covers, which constituted the whole supply beyond what was on the beds. We likewise examined into the stock of underclothing for the male patients, and found it to consist of forty-two old thin flannel jackets, eight Guernsey jackets, and twenty-nine pairs of old thin drawers of flannel or tweeding; a supply totally insufficient for the wants of the patients.

In order to ascertain precisely the degree of overcrowding, we obtained the following measurements of some of the rooms:—

"Room No. 8, in an out-building, with seven beds and eight patients; contents, 1814 cubic feet, being $226\frac{6}{8}$ cubic feet to each patient. The fire-place is boarded up.

"Room No. 10, in an out-building, with three beds and six patients; contents, 1123 cubic feet, being $187\frac{1}{6}$ cubic feet to each patient. The fire-place is boarded up.

"Upper Room, in an out-building, with five beds and nine patients; contents, 1719 cubic feet, being 191 cubic feet to each patient. The fire-place is boarded up.

"North room, upper floor in same building, with seven beds and eight patients; contents, 1642 cubic feet, being $205\frac{1}{4}$ cubic feet to each patient.

"These rooms are in separate buildings on the east and west

side of the garden in front of the main house, and the average height of the ceilings is 7 feet 1 inch.

"No. 1, main house, top flat; a closet with one bed and one patient; contents, 344 cubic feet.

"No. 6, second floor, main house, with eight beds and eight patients; contents, 2245 cubic feet, being 280⅝ cubic feet to each patient.

11. MRS. MARK'S HOUSE, MUSSELBURGH.

Visited 5th May 1855.

Mrs. Mark is keeper of a public-house, and has recently made application to the Sheriff for authority to receive lunatics, which has been granted. She has accordingly taken the house formerly occupied as an asylum by Mr. Scott; and has written to several inspectors of poor, stating that she is ready to take charge of patients. Neither she nor any of her family have had experience in the treatment of the insane; and the reason given for entering upon this occupation is the idea that an asylum will constitute a better surrounding for her children than a public-house. We were unable to learn who recommended her to the Sheriff, or upon what grounds she was considered eligible for having the care of patients.

The house was still unfurnished.

The house is not well adapted for an asylum. Two of the rooms, on the ground floor, are damp, dark, and ill-ventilated, and quite unfit for occupation. The size and arrangement of the house and garden preclude any proper separation of the sexes.

From Mr. Porteous' evidence it appears that no patients have been admitted into this house.

12. MILLHOLME HOUSE, MUSSELBURGH.

Mr. Mackay, Proprietor.

Visited May 2, 1855.

Millholme House stands a little way back from the main street of Musselburgh, from which it is separated by the mill-lead. The buildings occupied by the patients consist of two dwelling-houses, separated from each other by an intervening house, and of some straggling out-houses behind. The premises are rented at £66 a year. The principal dwelling-house is occupied by Mr. Mackay and his family, and the female patients. The second dwelling-house is occupied by the head attendant and his wife, by three male patients, and several females. A garden of more than half an acre extends in the rear of these two houses, and serves as airing ground for the females.

The out-houses are occupied by male patients and are all of

Appendix C. Licensed Houses. No. 12.

Millholme House, Musselburgh.

one story only. The airing-ground is behind, and is extremely small.

On the day of our visit the house contained—

Private patients,	male,	. . . . .	4
,, ,,	female,	. . . . .	2
Pauper ,,	male,	. . . . .	23
,, ,,	female,	. . . . .	30
			59

Females.—In the principal dwelling-house, at the back, and sunk several feet below the level of the ground, are two or three small rooms occupied by the worst class of female patients. One of these rooms especially was in a wretched condition. It contained a trough bed, with loose straw covered by a sheet; and three other miserable-looking beds on iron frames. The brick floor was saturated with urine. This room is so damp and cold, that a fire is constantly necessary, even in summer, to make it habitable. It has only a small barred window.

The apartments of the better class of patients are tolerably comfortable, but some of them are very small and crowded. One patient sleeps in a closet which just holds a bed. Two others occupy respectively very small closets. The larger rooms are much crowded, and, as there are no day-rooms, the patients take their meals either in the grounds or in their sleeping-rooms.

In general the sleeping-rooms have fire-places, and fires are said to be lighted when necessary. The windows are mostly barred; some of those towards the street have also trellis-work, and darkened panes. There are no lavatories. Some of the females wash in their rooms, some in the court, others in the kitchen.

Males.—The sleeping-rooms of the pauper male patients are all in the out-houses, and are entered directly from the open air. They are mostly paved with bricks, but one or two are floored with wood. The bricked rooms are generally damp, especially one which is occupied by patients of dirty habits. Each room contains three, four, or five beds, according to its size; fires were burning in most of them. In the room occupied by the worst class of patients, there are five trough beds, containing only loose straw covered by a sheet. The beds of the other patients have straw mattresses, and appear more comfortable, with sufficient coverings, but they have each only one sheet. The windows are all barred. The bedrooms are not supplied with chamber utensils, but pails are placed in them at night. There are no lavatories; the patients wash at the pump, or, in wet weather, under a shed. The furniture is limited to benches.

There are no separate day-rooms, and the patients take their meals, as they best can, either in their sleeping-rooms or in the yard.

Three male patients sleep in a small dark room on the ground floor of the second dwelling-house, opening directly from the yard. The floor is flagged and damp, and is without any carpet or matting. A small fire is here constantly necessary. This room serves also as a passage, and is lighted by a glazed door.

The garden behind the house serves for the women's airing ground. It is about two-thirds of an acre in size, and is pleasantly laid out. The men's airing-ground is only about 30 yards long, and 20 yards broad, and is entirely taken up by a bowling-green and a walk around it.

There are no occupations for the men, except a little garden work. A few of the women sew. In one of the largest of the sleeping-rooms five females were thus engaged, under the care of an attendant.

Besides Mr. and Mrs. Mackay there are two male attendants, who receive £24 and £20 per annum respectively; and six female attendants and servants, at £8 per annum each.

For the season of the year the patients were sufficiently clothed, and appeared adequately fed. The diet consists of porridge and milk, or tea, for breakfast; broth and bread for dinner; and porridge and milk again at night; but there are no means of ascertaining the quantities allowed to each patient.

Restraint is in habitual use. One man, A. S., was handcuffed. A female, I. G., was in a strait-waistcoat. A shower-bath, which stands in an unenclosed outer shed, is occasionally used to quiet patients; it has a very high fall.

The rate of payment for pauper patients is £22 a year. Mr. Mackay has hitherto refused to receive any on lower terms, and one patient was removed to Mr. Aikenhead's on this account.

The private patients have tolerably comfortable bedrooms, and are provided with a day-room.

The books kept are the Weekly Register and the Madhouse Register. Restraint is generally recorded, but not in the manner required by the statute.

A missionary attends once a fortnight.

There appears to be a disposition to treat the patients well, but the house is too full, and hence some of them are placed in damp and cheerless rooms, quite unfitted for occupation.

On the 26th May we again visited this house. On proceeding to the room of the worst class of patients, on the female side, we found I. G. standing in the middle of the floor on the damp bricks, in a strait-waistcoat, with no other clothing but her shift. A small fire was burning.

Appendix C. Licensed Houses. No. 12. —— Millholme House, Musselburgh.

On the male side, we found A. S. lying in a trough bed on loose straw. The body of his shirt scarcely reached below the waist, and the sleeves did not reach the elbows. His arms were confined by handcuffs, and a strap was attached to the bed, to fasten him down at night.

On 31st May we again visited this house. I. G. was still in restraint, and on the floor were puddles of urine. A. S. was still in bed, strapped down, with his hands manacled.

We subjoin the exact measurements of some of the rooms of this house, with the number of patients occupying them :—

"Under room, main building, with four beds and four patients ; contents, 1025 cubic feet, being 256¼ cubic feet to each patient. A fire-place protected by an iron guard.

"Upper room, main house, with three beds and three patients; contents, 954 cubic feet, being 318 cubic feet to each patient. No fire-place.

"Closet, upper floor, with one bed and one patient; contents, 209 cubic feet. No means of ventilation.

"Detached building of one story, with five beds and five patients ; contents, 1592 cubic feet, being 318 cubic feet to each patient. A fire-place.

"Room entering from No. 7, with two beds and two patients; contents, 626 cubic feet, being 313 cubic feet to each patient. No fire-place.

"Detached building of one story: room with five beds and five patients of dirty habits ; contents, 1339 cubic feet, being 267⅘ cubic feet to each patient. A fire-place.

"East main house, under floor: room with three beds and three patients ; contents, 541 cubic feet, being 180⅓ cubic feet to each patient. No means of ventilation but by opening the door. The attendant's house is entered from this apartment.

"Attic floor, main house : room with two beds and two patients ; contents, 448 cubic feet, being 224 cubic feet to each patient. No fire-place.

"Attic floor, main house : room with four beds and four patients ; contents, 882 cubic feet, being 220½ cubic feet to each patient. A fire-place.

"Detached building, old brew-house, second floor: a closet with one bed and one patient ; contents, 222 cubic feet.

"*Note.*—The average height of the ceilings is 7 feet 7 inches."

Mrs. Monro's House, Musselburgh.

13. MRS. MONRO'S HOUSE, MUSSELBURGH.

Visited 1st May 1855.

This is a small house of four rooms, situated in Market Street, and is entered from a garden by an outside stair.

It contains three patients, all paupers, who pay £20 a year each, including all expenses. The patients, a male and two females, seem tolerably well cared for. They are generally quiet and easily managed; but one of the females occasionally becomes excited, and is then restrained without medical sanction. There is no record of restraint.

Mr. Wilson, the inspector of the poor of Inveresk, is the medical attendant.

Mrs. Monro and her sister attend to the patients.

14. NEWBIGGING HOUSE, MUSSELBURGH.

Mr. Abram Moffat, Proprietor.

Visited 5th May 1855.

This house stands in the principal street of Newbigging, at Musselburgh, and consists of a main building fronting the street, and some irregular buildings on each side of the back yard.

On the day of our visit the house contained 91 patients, viz—

	Private.	*Pauper.*	*Total.*
Males,	8	31	39
Females,	6	46	52
	14	77	91

The private patients and female paupers are located principally in the main building, while the male paupers and worst class of female patients occupy the buildings behind. The rate of payment for the private patients does not exceed £30 a year. That for the paupers is £22, including extras, or £20 without extras.

Considering the rate of payment, the accommodation provided for the male private patients is very good. Their sleeping-rooms are plainly but comfortably furnished, and generally contain three beds. Their sitting-room is of good size, and is also comfortably furnished.

The accommodation for the male pauper patients is very bare, and their rooms are greatly overcrowded. In one, measuring 17 feet long, 15 feet broad, and 9½ feet high, eight patients sleep, two of them in one bed ; and an additional bed is occasionally brought in for an attendant, when any particular necessity for supervision arises. Sometimes the attendant sleeps with a patient. The adjoining rooms are smaller, but, considering their size, are equally crowded. One room containing seven beds was formerly used as a laundry, and in winter it must be very cold, as it is unceiled, is immediately under the tiles, and has no fireplace.

These sleeping-rooms contain no furniture but the beds, which, indeed, are so close together that little space is left for anything else. The patients are thus brought so near the windows and

Appendix C. Licensed Houses. No. 14. — Newbigging House, Musselburgh.

doors, that neither could be opened during the night, without great risk from draughts of cold air. There are no other means of ventilation, and it is thus evident that the atmosphere must, during the night, become very impure. The beds appear clean and comfortable, and are supplied with two sheets and ample coverings. There are no chamber utensils, but at night a tub is placed in some convenient part of the room, and is used in common by the patients.

One or two sleeping-rooms on the ground-floor are paved with bricks; the others have wooden flooring.

The sleeping-rooms are not generally occupied through the day; a good-sized but bare apartment is used as a day-room. It contains two tables and some benches.

The sleeping-rooms of the female paupers are more comfortable than those of the men. One or two in the attics are bare and crowded, but, in general, they are tolerably well furnished, with chairs, pieces of carpet, looking-glasses, basins, chamber utensils, &c. They contain, on an average, three or four beds, which are clean and comfortable, but one frequently accommodates two patients. The sleeping apartments of the females, being more comfortably furnished than those on the male side, are in some cases used as day-rooms. The women, however, have also a separate day-room, but it is too small for the number of patients. It measures 18 feet long, 12 feet broad, and 9 feet high, equal to 1944 cubic feet, and was occupied by about twenty patients. Its atmosphere was tainted and heavy, although the window was open.

The female private patients associate with the paupers. The difference in the rate of payment does not allow any great distinction of treatment, but care is taken to place them with the better class of paupers.

In general, the windows are secured by bars, and several of them are also guarded by trellis-work. Restraint does not seem to be much in use, but the strait-waistcoat is occasionally had recourse to. In the back buildings are two small seclusion-rooms for refractory and noisy patients, neither of which has any means of ventilation or warming. There is also a brick-paved room, occupied by five pauper females of dirty habits; and fixed to a staple in the ground is a chain to which a patient was formerly fastened. It is said, however, not to have been in use for some years. There is a shower-bath in an out-house.

There are three male attendants, and six female servants. The three males have £20 per annum each. One female has £6, the other five £7 per annum each.

The patients appear sufficiently fed. For breakfast the paupers have porridge, with buttermilk, beer, or butter; or they

may have coffee if they prefer it. For dinner they generally have broth, with meat, and a thick slice of bread. Occasionally, they have fish. In the afternoon they have tea, and at night porridge, or tea again. There are no means of ascertaining the quantities of food allowed to each; but, judging from the appearance of the patients, it is not deficient. Some of them take their meals in the day-room, but a large number are allowed to eat their food wherever they choose.

Behind the house are the airing-grounds, both sexes reaching them through the same yard. There is thus no very strict separation of the sexes. The men's airing-ground is a strip of land some 12 yards broad, and 50 yards long, and is partly in grass, partly under cultivation. The females' airing-ground is considerably larger, and both together may contain an acre. In fine weather the patients pass several hours a day in them. A few of the males work a little in the garden, but there is not sufficient land for much employment of this kind, and no exertion is made to occupy them in other ways. There is a great want of books, newspapers, &c., and indeed, of all means of amusement and occupation. A few of the women sew, but the men are almost entirely idle.

There is a lavatory for the male paupers, in one of the back buildings, containing three basins. The female paupers and private patients wash in their rooms. There is no warm bath. There are privies in the airing-grounds; that belonging to the females appears to be used also by the men.

Four or five of the patients attend church, and a missionary visits once a fortnight.

The books kept are the Weekly Register and the Madhouse Register. They are more fully and correctly kept than is generally the case, and the times when restraint is had recourse to, seem entered with tolerable regularity.

The rent paid by Mr. Moffat is £75.

On a second visit we found both seclusion-rooms occupied by female patients. Three days later one of these patients was still in seclusion.

Subjoined are the exact measurements of some of the rooms, with the numbers of patients occupying them:

"Detached building, second floor, entering by outside stair. Room with seven beds and eight patients; contents, 1741 cubic feet, being 217⅝ cubic feet to each patient.

"Room in same building, entering by platform, with seven beds and seven patients; contents, 1780 cubic feet, being 254⅔ cubic feet to each patient. No fire-place.

"Attic flat in same building. Room with three beds and three patients; contents, 597 feet, being 199 cubic feet to each patient. No fire-place.

Appendix C. Licensed Houses. No. 14.

Newbigging House, Musselburgh.

"Under flat in same building. Room with seven beds and eight patients; contents, 2014 cubic feet, being 251⅛ cubic feet to each patient. A fire-place.

"Under flat of detached building. Room with one bed and one patient; reported an apartment for unruly patients; contents, 661 cubic feet. No fire-place, and no means of ventilation.

"Main house, second floor. Room with five beds and five patients; contents, 1731 cubic feet, being 346⅕ cubic feet to each patient. A fire-place.

"Attic flat, main house. Room with three beds and three patients; contents, 695 cubic feet, being 231⅔ cubic feet for each patient. A fire-place.

"Second attic flat, main house. Room with three beds and three patients; contents, 859 cubic feet, being 286⅓ cubic feet to each patient. A fire-place.

"*Note.*—The average height of the ceilings is 7 feet 11 inches."

Seabank House, Musselburgh.

No. 15. SEABANK HOUSE, MUSSELBURGH.

ALEXANDER MOFFAT, Proprietor.

Visited 3d May 1855.

This house is situated near the race-course of Musselburgh. At the date of our visit it had been opened only about a fortnight, and already contained two patients. The proprietor had been for many years a baker in London. About four years ago he returned to Musselburgh, his native place, and entered upon business on his own account. Not being successful in trade he resolved on opening a house for lunatics; and, having received the promise of a license from the Sheriff, he rented this house for the purpose. Neither he nor his wife had any previous experience in the treatment of the insane.

Seabank house is a cottage, which, it is calculated, will afford accommodation for about twelve patients. Possibly this number might be received without crowding; but there are no proper means of separating the sexes either in the house or garden, and the house is, therefore, fitted for the reception of patients of one sex only.

The present patients consist of a man and girl; the latter is affected with hysterical insanity, and the former is in a maniacal state, and suffering from an acute affection of the brain. Both are paupers. The man was shut up in a small room, and was lying in bed in a state of great exhaustion from long-continued excitement. Owing to Mr. Moffat's absence from home we could obtain no information as to whether any records were kept.

There is only one servant girl, and as Mrs. Moffat has two or three children to look after, and is far advanced in pregnancy, it is evident that the patients must be very imperfectly attended to.

The rent of the house and garden is £30 a year.

No. 16. SHEPHERD HOUSE, INVERESK.

Dr. Thomson, Proprietor.

Visited 3d May 1855.

This house contains only one patient, a gentleman, who has lived with Dr. Thomson for some years. He has his own attendant, and walks out, accompanied by him, whenever so disposed.

Dr. Thomson occasionally takes him a summer trip. The house is very comfortable, and the patient is well cared for.

17. WHITEHOUSE ASYLUM, INVERESK.

Mrs. Thomson, Proprietor.

Visited 3d May 1855.

This house occupies a pleasant situation, and consists of a straggling building, which has been altered and added to at different times. It principally receives patients belonging to the middle classes; and, at the date of our visit, contained 50, namely, 26 males and 24 females.

The patients paying the higher rates have each a sleeping-room, fully and comfortably furnished, in which they sit, and also, if they choose, take their meals. There is, however, a large day-room where many of them mess together; others dine with Mrs. Thomson's family. The large room is also used for prayers and musical parties. The sleeping-rooms have open fire-places, and are all of good size, except one occupied by a patient who has repeatedly escaped. His room measures 9 feet long, 5½ feet broad, and 9 feet high—equal to 445 cubic feet. The door is shut at night, and there are no means of ventilation.

The windows of the modern portion of the building are not barred. The attendants sleep in different parts of the house; and are so placed that some of them would immediately hear any unusual noise.

The patients at the lower rates occupy a different part of the building, and are placed two or three in one room. They appear well cared for. There is a small court for noisy patients, which, however, is rarely used, as all patients known to be troublesome or refractory are refused admission. The house is well supplied with warm baths and water-closets.

The general rate of payment is from £40 to £100 a year;

Appendix C. Licensed Houses. No. 17. —— Whitehouse Asylum, Musselburgh.

but one patient, who died lately, paid considerably more. He had ample funds, and his legal guardian thought it right, that the payments on his account should be high, though he did not enjoy any particular advantages.

There are three male attendants, and ten female servants.

The meals are—breakfast at nine; dinner at two; tea at five; and supper between eight and nine. The rooms are locked at nine.

Mechanical restraint is said to be little used; but we found one patient hand-cuffed, as he is liable to sudden paroxysms of violent excitement, preceding and following epileptic attacks. He is restrained only when in the grounds, lest he should injure the other patients. The shower-bath is used as a means of control; but the attendants are not permitted to use it, or to threaten its use, without medical sanction.

The grounds extend to about a Scotch acre, and have a look-out erected in the centre. They are used by both male and female patients; but a separate part of the garden also is railed off for the exclusive use of the latter. The patients do a good deal of garden-work. There is a greenhouse, bowling-green, flower-garden, rabbit-house, &c., for their amusement and recreation. Three cows are kept; also a horse, a phaeton, and an Albert car. There is a field of five Scotch acres in which the patients occasionally walk. They also take exercise beyond the premises. Six patients go to church. A number of newspapers and other periodicals are received, and books are got from libraries in Musselburgh and Edinburgh. A missionary visits at regular periods.

The medical attendants receive a guinea per annum for each patient; but additional fees are generally paid by the friends of patients. Dr. Thomson, son of Mrs. Thomson, lives close at hand, and assists in the management of the house.

Tranent Asylum.

18.—TRANENT ASYLUM.

GEORGE DAVIE, Proprietor.

Visited 12th July 1855.

The house stands in the principal street of Tranent, and has been used as an asylum for about two years. At the date of our visit it contained 11 patients, viz.,—5 males and 6 females. With one exception they are all parish paupers, and all pay at the rate of £20 a year, including clothing; but attempts are being made to get patients of a higher class.

The attendants consist of Mr. Davie, his wife, a lad who receives £6 a year, a woman at £5 a year, and a girl at £2, 10s. a year. The last has charge of the children. It is calculated that about thirty patients might be accommodated.

The furniture of the house is exceedingly scanty, and betrays a want of capital. The bedsteads are evidently of home manufacture, being made of rough boards, and of all shapes and

sizes. Some are broad and short, others narrow like chests. The bedding is generally tolerably comfortable, but the mattresses are occasionally hard and uneven. However, all the beds were scrupulously clean. The rooms contain scarcely any furniture but the beds, except one, in which are a bench and two chairs.

We found a girl in a strait-waistcoat, with the arms free, but ready to be restrained, if necessary. This patient sleeps in a dark closet, which just holds her bed, and which receives air only through a grated aperture in the door. In this place she spends twelve hours out of every twenty-four. Adjoining one of the sleeping-rooms is another closet containing a bed, and receiving air in a similar way; but at the date of our visit it was unoccupied.

There are no day-rooms; the patients take their meals where and how they choose. There are generally open fire-places, but in some of the rooms they are boarded up and not used. The windows are secured with bars.

The diet consists of porridge and butter-milk, morning and evening; and broth with bread for dinner. Coffee is said to be given to the feeble patients.

There are no lavatories. Water is taken to the rooms for washing. Tin basins are used for chamberpots—one or two to each room. We found three strait-waistcoats, a large number of straps, and a pair of iron handcuffs. The waistcoats are used whenever the patients shew an unruly tendency, and the ankles are bound with straps, when there is a disposition to kicking. The hands, too, are fastened with straps whenever, in the opinion of Mr. Davie, or an attendant, this appears necessary. There is a shower-bath, which is used occasionally to quiet refractory patients. Hitherto it has stood in a corner of the airing-ground, but it is about to be removed to an outhouse.

The airing-ground consists of a small walled garden, which serves for both sexes. It contains a privy, and there is another in a small yard close to the house for the women.

The rent paid by Mr. Davie is £20 per annum. Most of the patients have been removed from the chartered asylums.

Hitherto, with the alterations about the house, there has always been work for the men. Some of the females knit and sew.

We made some inquiry in reference to a patient who had been reported to us as having been badly treated. It appears that he had been received before there were proper means of security for violent patients, and he was consequently kept almost constantly handcuffed. He was very violent, and, in struggling, his wrists were cut by the irons. He was subsequently removed to the Edinburgh Royal Asylum.

The books kept are the Madhouse Register, and the Weekly Register. The entries of restraint are tolerably frequent.

Appendix C. Licensed Houses. No. 18. — Tranent Asylum.

The medical attendant visits twice a week. Owing to the pecuniary difficulties that have existed since the opening of the house, he has not yet received any remuneration.

We subjoin copies of a circular and card issued by Mr. Davie:—

"*Tranent Private Lunatic Asylum.*

"Sir,—Having conducted the above establishment for some "years back with success, I beg to inform you that I have at "present accommodation for several patients, and solicit the "kind patronage of your parochial board. From the experience "attained by many years' attention to the insane, I beg to say "that nothing will be wanting on my part to add to their com- "fort and speedy recovery.

"The situation is admirably adapted for the purpose, having "garden and grounds attached for recreation, which is an essen- "tial service to the inmates.

"Requesting that you will kindly lay this before your par- "ochial managers at their first meeting,—I am, your obedient "servant,—

(Signed) "George Davie."

"*Terms*,—Including clothing and medical attendance, £20 "per annum."

"*Tranent Private Lunatic Asylum*,—Terms, with board, "clothing, and medical attendance, per annum, £30 to £40.

"For superior accommodation, extra attendance, comforts, "&c., a higher scale is charged.

"George Davie, *Proprietor*."
"Wm. Horne, Esq., *Referee*,
Sheriff for Haddingtonshire."

No. 19. MIDDLEFIELD HOUSE, ABERDEEN.

Middlefield House, Aberdeen.

Dr. Poole, Proprietor.

Visited 26th July 1855.

This house is situated about two miles from Aberdeen. It was established by Dr. Warwick about twenty years ago; and, on the death of his widow, was carried on by Dr. Poole, formerly physician to the Montrose asylums, who has a nineteen years' lease, and pays a rent of £30 a year.

It stands on an elevated situation, and consists of a double two-storied house, having a front of three windows. It contained, at the date of our visit, 10 patients, viz., 8 males and 2 females, but it is capable of accommodating 15. The average rate of payment is £1, 1s. a week; £125 per annum is the highest present rate, and for this sum the patient has a parlour, a bed-

room, and a third small room. The lowest rate is £40, except in the case of an imbecile boy, who, for special reasons, is received for £12 a year.

There are about two acres of land, principally laid out as garden. The house affords a good deal of accommodation. There are six rooms on the ground floor; eight rooms, besides storeroom, on the upper floor; and six rooms in the attics. On the ground floor are the dining-room and drawing-room, and the day-room for gentlemen. The bedrooms are comfortably and fully furnished; and, on the whole, the comfort of the patients seems well attended to. At present two gentlemen dine with Dr. Poole's family; the rest dine together. One lady takes her meals with the younger members of the family, and the other eats alone in her room, living on bread and milk, which is the only food she takes.

Mechanical restraint is occasionally used, but no record of it has been kept since August 1850. In an outhouse is a seclusion-room, lately erected. It is flagged, but the floor is covered with matting and a carpet. It is habitually occupied by the imbecile lad already mentioned, except when required for any of the other inmates. The lad is then put into a small room adjoining the laundry.

There is one male attendant, who has wages equivalent to £25 a year; but he is feeble, both mentally and physically, and not to be relied on in an emergency. Dr. Poole, too, is an old man, so that the establishment is not well adapted for the reception of acute cases. There are two female attendants at £6 a year each. Mrs. Poole and her daughters assist in the management of the house.

The patients occasionally go beyond the limits of the asylum with the attendant, and one sometimes goes out fishing. A former patient, a clergyman, preached in a neighbouring church during his convalescence. Every patient has washing apparatus in his room, and there is a bath in an outhouse, and a douche. The last is said to be occasionally found useful. The garden is pleasantly laid out, and contains shady walks, bowling-green, &c., and abundance of flowers; but is not very tidily kept. From the upper walk of the garden there is a good view of the country. There is also a carpenter's shop, with a turning-lathe. Dr. Poole has scriptural readings on Sundays.

The Sheriff visits twice a year, accompanied by the procurator-fiscal and a medical man. Patients are admitted on one medical certificate. The Madhouse Register is kept, and is sent annually to the Sheriff.

No. 20. BLACKFAULDS ASYLUM, RUTHERGLEN.

Visited 19th July 1855.

This house is kept by Miss Anderson, and, at the date of our

Appendix C. Licensed Houses. No. 20. — Blackfaulds Asylum, Rutherglen.

visit, contained 1 male and 4 female patients. It is a cottage villa, and stands in a secluded situation a short distance from Rutherglen. Dr. Marshall, from Glasgow, attends once a week. He receives £1 annually for each patient, and additional fees for extra attendance. The patients have, in general, been a long time in the house; one twenty years, another sixteen years, a third nine years, and a fourth six years. The rate of payment varies from £30 to £50 a year.

Miss Anderson is assisted by her nephew, and there is a female servant, who receives £8 per annum.

The place has an ill-kept, disorderly aspect, both within and without. The house is dirty and untidy. The male patient and one of the females sleep on the ground-floor. The former is fatuous, and the latter is an idiot of dirty habits, who, during the day, generally sits in the kitchen. Her bedroom is dirty, wet with urine, and offensive. The mattress upon which she sleeps is of hair, and is guarded with waxcloth. Her bed has no sheets, and she sleeps in drawers on a blanket folded up to absorb the urine; the bed coverings were nevertheless filthy. The bedrooms, generally, are dirty and ill kept, and the beds of inferior quality. The patients usually dine in their rooms, but occasionally with Miss Anderson.

It was stated that one of the patients is at times restrained with the strait-waistcoat.

Two of them attend church.

The books kept are the Weekly Register, and the Sheriff's Visiting Book. There is no record of restraint.

The following extracts are from the two last entries by the Sheriff;—"On 4th May 1855 the Sheriff, Dr. —— and Dr. "—— visited the house and found" (so many patients) "who "appeared to be sufficiently attended to." "On 19th December "1854, the Sheriff, Dr. ——, and Dr. ——, visited the house "and found" (so many patients) "whose comfort appeared to "be attended to."

Garngad House, Glasgow.

21. GARNGAD HOUSE, GLASGOW.

Visited 20th July 1855.

Dr. Hill, Proprietor.

Garngad House stands in an elevated situation near the St. Rollox chemical works, the fumes from which act prejudicially on the vegetation in the garden and grounds.

The house consists of a centre and two wings, and is of three stories, including the basement. The grounds are rather more than six acres in extent, but the patients go little beyond the airing-courts, which are immediately behind the house on the slope of the hill.

At the date of our visit, the house contained 7 male and

8 female patients, but there is accommodation for about 14 of each sex. The rates of payment vary from 15s. to £4, 4s. a week; the highest present rate is £130 per annum.

The house may be described as composed of central and lateral divisions.

The upper central division contains five rooms, which, at the date of our visit, were all unoccupied; but they are used as day-rooms or bedrooms, for male or female patients, as occasion requires. The central portion of the first floor accommodates Dr. Hill and his family; that of the basement is occupied as the kitchen and offices.

Ladies.—The female patients are placed in the rooms of the left lateral division. Those on the upper floor are five in number, and are used as bedrooms or day-rooms as required. They are ranged on both sides of the gallery, which is broad and cheerful, is carpeted, and contains some flowers. The highest rate of payment here is £2, 2s. a week. No patient has a separate sitting-room.

The first floor contains four bedrooms, and one associated day-room, in which the patients dine. The accommodation here is inferior to that on the upper floor. A guinea and a half a week is the highest rate.

In the basement, the accommodation is inferior again to that on the first floor, and the gallery is flagged. The number of rooms is the same as up-stairs, comprising a sitting-room and four bedrooms. Only two of the latter are occupied. They are lined with wood, have sliding shutters, and were constructed for noisy and refractory patients. There is a water-closet on each floor.

Gentlemen.—The male patients occupy the rooms of the right lateral division. On the upper floor there are four bedrooms and a billiard-room. One bedroom only is occupied, by a gentleman who pays eighty guineas a year. He has no separate sitting-room.

The first floor contains a similar amount of accommodation. One patient here pays £130. He has no separate sitting-room; and enjoys no particular privilege, except that of taking all his meals in his bedroom. He is more troublesome than the others. The common day-room contains no furniture, except a small table and a few chairs. There are no sofas nor easy-chairs.

In the basement there are three patients, two paying at the rate of 15s. a week, and one at that of £1, 1s. Their sleeping-rooms are very poorly furnished; one contains, besides the bed, two old chairs, and the two others have only deal seats fixed in corners. There are no carpets. The patients are classified according to the sums they pay, and their manners and social position; and those occupying the basement are placed there, more on account of their inferiority in these respects, than because they are noisy or violent. In two of these rooms there

Appendix C. Licensed Houses. No. 21. — Garngad House, Glasgow.

are no fire-places, but one derives some heat from being next the kitchen. The other must be very cold in winter. The windows to the front of the house on this floor are all built up, except the highest row of panes, so that the rooms are particularly gloomy. The windows to the airing-court are all barred. The day-room has a small table and three chairs. There is a basin in the gallery which serves as washing accommodation for all the three patients. There is no water-closet within doors for the male patients.

On the whole, the style of accommodation, and the attention paid to the patients' comfort, are not equal to what they should be, considering the rates of payment. The rooms are untidy, the furniture old and scanty, and the patients disorderly in their persons and dress.

The airing-courts contain about a quarter of an acre each, and, owing to the sloping nature of the ground, are laid out in terraces. They contain seats, but none sheltered from the weather. On the left-hand side of the males' airing-court, is a separate building, which was formerly used for the accommodation of patients. It contains a considerable number of cells, but is not now occupied.

There are two male attendants, and four female attendants and servants.

There is a bath in the basement, which serves for both sexes, but it is very seldom used.

At present, one male and one female patient attend church. There is no religious service of any kind in the house.

There is a regular supply of books and periodicals from a circulating library. Some of the females are employed at needlework, but the males are almost entirely without occupation.

The grounds consist of a garden, a shrubbery, and a field lately purchased, but the patients do not seem to be much in them.

In a considerable proportion of the cases that are admitted the malady is caused by intemperance. Such patients generally remain two or three months. Mechanical restraint is not employed, and seclusion does not appear to be much used. Indeed, the necessity for seclusion must be of rare occurrence, as noisy and epileptic patients are refused, and only selected cases are admitted.

The Books kept are the Weekly Register, the Book of Admissions and Discharges, the Madhouse Register, and the Case Book.

The following is an extract from the Sheriff's Visiting Book:—

"Sheriff ——, Dr. ——, and Dr. ——, visited the house,

" 4th May 1855, and found therein nine female and eight male " patients, all of whom were seen. The house was in good " order, and the patients seemed comfortable and well attended " to."

22. LANGDALE HOUSE, NEAR BOTHWELL.

Dr. Muirhead, Proprietor.

Visited 19th July 1855.

Dr. Muirhead was formerly assistant physician in the Royal Asylum of Glasgow, where Mrs. Muirhead was matron. They paid £1200 for this property, including four acres of land, and have since expended about twice that sum on new buildings and alterations. They also rent 46 acres of additional land. The house stands in a pleasant situation, of which, however, no advantage has been taken to render it a cheerful residence.

There are at present 90 patients, the largest number that has been in the house, since it was opened about five years ago. They consist of—

Private Patients.		Pauper Patients.	
Males, . .	4	Males, . .	41
Females, . .	4	Females, .	41

It is calculated that there is accommodation for 150 patients, but Dr. Muirhead does not intend to receive more than 100.

All the female private patients are maintained at pauper rates, and are associated with the paupers. One male private patient is in the same position.

The pauper rate of payment is 8s. 6d. per week, with an additional charge of 9d. per week for clothing, equal to £24, 1s. per annum. Owing to the competition of the Musselburgh houses, attempts have recently been made by some parishes to reduce this rate; and Dr. Muirhead has agreed to deduct the charge for clothing in the cases of two patients belonging to the parishes of Old and New Monkland, rather than permit them to be removed. The rate was formerly 7s. 6d. per week, but was raised about a year ago, in consequence of the increased price of provisions.

The house is so irregularly built, from having been enlarged at different times, that it is difficult, by description, to convey an accurate idea of the premises. But they may be described, in a general manner, as consisting of two blocks of building: the first comprehending the original house, with various additions; the second comprising four large dormitories, two for males, and two for females, separated from the original house by the airing-courts.

Appendix C. Licensed Houses. No. 22.

Langdale House, near Bothwell.

Female Department.

In the original house, six rooms of moderate size are appropriated to the females. The three upper rooms are dormitories, two of which serve also as day-rooms, and are used by patients who occupy themselves in sewing, mending clothes, and knitting.

In one of these rooms there is no furniture except one stool; in the other there are two benches and two chairs. The bedsteads are of iron, the mattresses of straw, and the pillows of chaff. The beds are clean and tolerably comfortable, but have each only one sheet. There are open fire-places, but one room is usually heated by the pipe of a stove, which passes up from the room below. The windows open freely, and are secured by iron bars on the outside. There are ventilating apertures in the roof and above the doors, and ventilation seems well attended to.

On the ground floor is a small room with two beds, and beyond it, two day-rooms. The first day-room contains no furniture, with the exception of two benches. It has an open fire-place, and one small window, barrred outside, and guarded with wire within. It has a bare, cheerless, and depressing aspect. Opening from it, are two seclusion-rooms, each measuring $6\frac{1}{2}$ feet in length, 5 feet in breadth, and 10 feet in height. They have each a window, about a foot square, close to the ceiling, and two small openings above the door, which communicate with the day-room. These rooms are occupied, as occasion requires, by noisy and dirty patients. The bedding consists of loose straw cast upon the floor, covered by a sheet, and is preferred by Dr. Muirhead to all other kinds of bedding for wet patients. From the small size and high position of the window, it must be impossible ever thoroughly to purify these rooms by a current of fresh air.

In the second day-room are benches and two tables, and a stove in the centre, surrounded by a guard. A few of the patients here were sewing, but the greater number were idle, and several noisy. The room has a bare and cheerless aspect. Opening from it are two other seclusion rooms, measuring $7\frac{1}{2}$ feet in length, $3\frac{1}{2}$ feet in breadth, and 10 feet in height, which, however, are said not to be used, except occasionally for patients who prove restless during the night. In this day-room are two basins which, so far as we could discover, form the whole washing accommodation for the female patients. In none of the sleeping-rooms are there any chamber utensils; tubs or pails are placed in the rooms at night for necessary purposes, and are removed in the morning. The patients were at one time furnished with utensils, which were broken or upset, and Dr. Muirhead adopted the pails as, in his opinion, an improvement. The patients, we were told, are bathed once a week.

There is, however, no bath-room ; but we were shewn a wooden bath which is said to be placed in the day-room when wanted.

The females' airing-court is 40 yards long, and 12 broad, and consists of a central grass plot, with a bordering walk. The walls are 13 or 14 feet high, and exclude all prospect. There are some narrow seats against the walls, but none that afford shelter from the weather. There is a privy with two seats in a recess of the wall, which is only half sheltered from view by a wooden board. There is a closet in the house, close to the female day-room, in which there is a seat and a pail, but it is kept locked in summer. The females have recourse, during the night, to the pails in their rooms for all necessary purposes.

At the further extremity of the airing-court, is the building containing the large dormitories. One is on the ground-floor, and the other above. The lower dormitory has a capacity of 15,441 cubic feet, and contains nineteen beds. It is occupied by eighteen patients, and two attendants. The windows have iron sashes, and are beyond the reach of the patients. They do not open, but the lowest row of squares is without glass, and the wooden shutter opens to allow ventilation. There are besides ventilating apertures in the roof. A stove stands in the middle of the dormitory, and the pipe, passing into the room above, serves for warming it also. Attached to this dormitory is a closet in which the patients' clothes are placed at night, and also a seclusion-room, for the isolation of any patient who may prove noisy or troublesome during the night. The upstairs dormitory is of about the same size, but it is not fully occupied, only ten beds being in use. It is more cheerful than the room below. The windows open, and are within reach of the patients, who have thus a view of the country. No attendant sleeps here, the patients being all quiet. The ventilation seems sufficient. Neither of these dormitories contains any furniture but the beds.

Male Department.

There are here two day-rooms, as on the female side. The first contains two benches ; and a basin-stand with three basins, which constitutes the whole washing accommodation within doors; but many of the patients, we were told, prefer washing in a tub in the court. A stove, guarded by a grating, and placed between the two rooms, serves to warm both. The second day-room contains more benches. One with a back folds down into a bed for an attendant. The floors are sanded, and both rooms are very cheerless and bare. There is a closet near them, which is said to be used as a necessary in winter, like that already mentioned on the females' side. Adjoining the second day-room, but not opening immediately from it, are two seclusion-rooms, measuring $7\frac{1}{2}$ feet in length, 5 feet in breadth, and 9 feet in height, equal

Appendix C. Licensed Houses. No. 22. — Langdale House, near Bothwell.

to 337 cubic feet. Each has a small window, about a foot square, close to the ceiling, and two holes above the door communicating with the passage. The patients occupying them sleep on loose straw covered by a sheet, and if of dirty habits wear very short shirts. Adjoining the day-rooms is the airing-court, which is broader and somewhat larger than that of the females. It contains some narrow seats along the walls, but none sheltered from the weather. The walls are about 16 feet high. There is a privy with two seats, similar to that already described; which is the only accommodation within reach of the patients, except the tubs placed in their rooms. A number of patients were sitting on the benches or walking about. Among them were six in dresses formed of one piece, fastening at the back, and having a large flap behind for necessary purposes. This dress is used on account of the dirty and slovenly habits of the patients, and to guard against indecent exposure. Two of the patients were without shoes and stockings, it being found impossible, as we were told, to get them to retain them.

At the extremity of the airing-court are two large dormitories, similar to those for the females. The lower one has a capacity of 12,707 cubic feet, and contains fifteen beds. An attendant sleeps here. The other has a capacity of 16,097 cubic feet, and contains eighteen beds. The windows, ventilation, heating, &c., are arranged as already described.

In the original house, above the day-room, is a dormitory with six beds, which completes the accommodation for the male paupers. It is heated by means of the pipe of the stove of the day-room below, which passes through it. It is used also as a day-room for quiet patients.

There are no single rooms for pauper patients, except the seclusion-rooms already described; but occasionally patients of dirty habits have straw laid for them on the floor of the day-rooms. No form of restraint, beyond seclusion, is said to be used; we saw no evidence of mechanical restraint.

In the original house, is the dining-hall. It is a large, cheerless room, close to the kitchen, paved with stone, and containing tables and benches. The dinner hour is half-past two, and males and females dine together. The males enter first and take their seats, and are followed by the females. On leaving, all the males go out before the females are allowed to rise. There are no diet tables. The diet is stated to consist of porridge and milk for breakfast and supper, (except on Sundays, when tea and bread are substituted); and of broth, meat, and rice for dinner; or potatoes instead of rice. Eight ounces of uncooked meat are said to be allowed to each patient.

Six milch cows are kept, and at present there are seven pigs, twenty head of cattle, and about seventy sheep and lambs on the

farm. All the bread is home-baked, and the meat home-killed. Above the dining-hall is a store-room for clothing and such articles as are likely to be wanted in the house.

There are three male attendants, and seven female servants. Of the latter, four act as attendants upon the patients. The head male attendant has £22 a year; the two others £20 each. There are no other persons employed about the place as gardeners or out-door servants. All the garden and farm-work is done by the patients, under the superintendence of the attendants enumerated, except when it is necessary to hire a plough. The amount of attendance is consequently insufficient to ensure proper attention to the patients; and hence, probably, the alleged necessity for clothing patients of dirty habits in the description of dress above noticed.

The males are principally occupied in the garden and on the farm. A few of the females, also, do a little light farm-work; but in general they are employed in sewing, washing, ironing, and working about the house. Books and newspapers are, it is said, furnished to the patients, and they are supplied with draught-boards and cards. They have dances at the New-year and Hallowe'en, and on some other rare occasions.

Dr. Muirhead reads prayers in the hall on Sunday evenings, when all the patients attend, with the exception of about half a dozen. No clergyman visits the establishment.

The patients go to bed at eight o'clock, and rise at six. They all sleep separately. No artificial light is supplied to them, even in the longest nights, beyond that of the fires. The attendants only have candles.

The patients appear to be sufficiently fed. They have a change of linen every Friday, and their sheets are changed every fortnight.

There are only three private patients paying more than pauper rates: two at 15s. a week, and one at £1, 11s. 6d. The two at 15s. occupy the same room, which serves both for bedroom and sitting-room. They have the use of an adjoining empty dormitory for taking exercise in bad weather. There is no separate airing-ground for private patients; consequently, they must either go beyond the bounds of the asylum for exercise, or join the paupers in their airing-court. With such a limited establishment as we have described, it must be almost impossible to obtain the services of an attendant to walk abroad with the patients. But even were this easy, the following entry, made in the books of the asylum, shows that the alternative of going beyond the grounds is not approved of by the official inspectors:—

"It is admitted that one of the patients was allowed to walk beyond the boundaries of the asylum, which is a practice which ought to be discontinued, as none of the patients should ever be

Appendix C. Licensed Houses. No. 22. —— Langdale House, near Bothwell.

allowed to go beyond the precincts of the establishment, whether attended by a keeper or not.

"12th August 1852."

The patient at £1, 11s. 6d. occupies a small room alone, but he occasionally spends the evening with Dr. Muirhead. Notwithstanding the above injunction, he is allowed to walk in the country unaccompanied by an attendant.

The house is visited half-yearly by the Sheriff, accompanied always by two medical inspectors. They write reports in the book kept for the purpose, and occasionally specify the numbers that may be admitted into the house. The last entry states that on 26th July 1854, theSheriff-substitute, Dr.——, and Dr. —— "found everything in good order, and the comforts of the patients attended to."

The books kept are the Weekly Register and Madhouse Register, and also a Case Book. The Weekly Register gives only lists of numbers of curable and incurable patients. It contains no columns for entries of restraint.

23. SPRINGBANK RETREAT, GLASGOW.

Miss Berry and Miss Anderson, Proprietors.

Visited 20th July 1855.

Springbank Retreat, Glasgow.

This is a two-storied house situated at Springbank, a suburb of Glasgow, and standing apart, in a garden. When visited, it contained 7 patients, all females, no males being received. The rate of payment varies from a guinea, to a guinea and a half a week.

On the upper floor are four bedrooms and a sitting-room; on the lower floor, three bedrooms for patients, a parlour, kitchen, &c. There are water-closets on each floor.

The rooms up-stairs are occupied by the quieter patients, and are exceedingly untidy. Most of the beds are without sheets, the blankets very dirty, and the patients disorderly in their dress.

The rooms down-stairs are appropriated to the more noisy and unruly patients. They are bare and cheerless. The bedding is dirty, and an appearance of dirt and discomfort pervades all the rooms used by the patients.

The patients in general dine together, and the diet seems ample.

There are two servants. The patients are supplied with books and newspapers. One lady attends church.

The garden is about $\frac{1}{3}$ of an acre in size, and is surrounded by a wall about 12 feet high. It contains some fruit bushes and vegetables, but is not tidily kept.

The medical attendant visits once a week. He receives £13, 13s. per annum, and 5s. for each extra visit.

Appendix C. Licensed Houses. No. 23. — Springbank Retreat, Glasgow.

Miss Berry was for many years sub-matron in the Glasgow asylum before its removal to Gartnavel. The books kept are the Weekly Register and the Sheriff's Visiting Book. The following is an extract from the latter:—"On the 25th April 1855, "Sheriff——, Dr.——, and Dr.——visited the house, and found "it to contain seven patients, all of whom the visitors saw. The "house was in good order."

24. HILLEND HOUSE, GREENOCK.

Hillend House, Greenock.

Messrs. Thomson, Proprietors.

Visited 13*th July* 1855.

The house is well situated on a gentle slope, and commands fine views of the Clyde and opposite shore. Originally a house of moderate size, it has been considerably enlarged, to adapt it to the purposes of an asylum. The father of Messrs. Thomson first opened a house for the reception of patients in 1828, and removed to Hillend in May 1840. The number of patients on the day of our visit was 71, namely, 38 males, and 33 females. They are mostly paupers, paid for at the rate of £22 a year, which sum includes clothing. The rate for private patients varies from £30 to £40. Dr. Mackie is the medical attendant. He receives one guinea for each patient; of which half is paid on admission.

Pauper Department.

The buildings occupied by the pauper patients form an extension of the original house. The airing-grounds are behind, and in front is a small court, containing the washing-house and other offices.

Females.—The day-room for the female paupers is entered from this court. It contains a table and some benches. The windows are secured with iron bars, and one of them is guarded with trellis-work. They are too high to allow the patients to look out, and the room is very dull and cheerless. From this room a door opens into a narrow passage, having two sleeping-rooms on each side. There are two beds in each room, and two patients sleep in each bed, with the exception of one bed, in which three patients sleep. These rooms are occupied by the worst kind of patients, and the bedding is most wretched. In one of them three female patients lie naked, without any sheet, immediately on a thin layer of loose straw, quite insufficient to protect the body against the pressure of the hard and irregular spars of wood which form the bottom of the bedstead. The other beds had each a sheet spread over the straw, which, however, was scarcely sufficient to

Appendix C. Licensed Houses. No. 24.

Hillend House, Greenock.

cover the rough boards. Indeed, the straw was not only scanty, but very dirty, and completely saturated with urine; and, we had reason to think, it is left in this condition unchanged upon the beds for days, if not for weeks. The urine either trickles through the straw into a trough, or drops directly upon the floor. There are no chamber utensils in these rooms, and it seems to be the practice to allow the patients to wet the beds, as a matter of course. Clean coverlets are, however, cast over the beds during the day-time. Gutta percha utensils were at one time provided, but the patients, we were told, had eaten them! The atmosphere of these rooms is exceedingly offensive. The windows are small and high. Above the doors are small apertures, communicating with the passage, for the purpose of ventilation, and at the end of the passage is a stove, which is said to be used in winter. The sleeping-rooms are dependent upon it for heat.

The accommodation upstairs is better. The day-room here is clean and cheerful, and commands a view of the surrounding country. It has an open fire-place, and is provided with benches, a table, and two chairs. The windows have iron frames, and are not barred. The sleeping accommodation consists of a dormitory with five beds, but containing only two patients; of another room with two beds, only one of which was occupied; and of a third room with two beds, occupied by three patients. The beds have straw mattresses. The ventilation is imperfect.

There is only one airing-court for the female paupers. It is surrounded by high walls, and commands no view. It is 12 yards broad, and 24 yards long, and is very filthy and ill kept. At one side is a privy, constructed of iron plates, exposed in front.

The patients are generally very dirty and untidy in their clothes, and persons. Those upstairs have only one basin for washing; those below are without any ostensible washing accommodation; but a pail, we were told, is placed in the day-room every morning for the purposes of ablution. The appearance of the patients, however, plainly indicates that it is little used. Their feet were generally bare and very dirty, and their clothing ragged and filthy.

Mechanical restraint is in habitual use. We noticed the attendant hiding a strait-waistcoat as we entered. A girl in the airing-ground had her arms manacled behind her back.

There are two attendants in the female department, who are assisted by one of the patients.

Males.—For the male paupers there are also two attendants. Their airing-court is about the same size as that already described, and contains a similarly constructed privy. The patients

were dirty and untidy in their clothes and persons. An epileptic was dressed in petticoats. We found one male patient who had been so tightly bound previous to admission, that a large slough had formed on the arm; although some months have elapsed, it is only now healing, and the use of the arm is in a great measure lost in consequence of the injury.

The day-rooms and sleeping-rooms of the worst class of patients are laid out very much on the same plan as those on the females' side. The day-room contains a table and some benches, and a folding-down bed for an attendant. It is warmed by a stove. Fixed to the wall is an iron chain, to which the epileptic patient before mentioned is occasionally fastened.

The sleeping accommodation is most wretched. There are two rooms on each side of a passage approached from the day-room, as on the female side. In general, each of the beds is occupied by two patients, who frequently are both of dirty habits. The epileptic patient sleeps on loose straw, very thinly and unevenly spread upon boards, which are so wide apart that the straw can with difficulty be retained on the bedstead. A poor man in the last stage of general paralysis occupied a similar bed. The floor of his room was saturated with urine, the stench was abominable, and crowds of flies were buzzing in the infected atmosphere. Others of the patients sleep on loose straw covered by a sheet. None of the beds have two sheets; some have day-coverlets. At the extremity of the passage is a dormitory, with several beds. There are no means of warming the smaller rooms; but a stove is said to be placed in the dormitory in winter.

Up-stairs the accommodation is better. The day-room contains a table and benches, and a folding-down bed for an attendant; but here, as below, the patients were dirty and untidy. The sleeping-rooms are badly ventilated and crowded, and most of the beds are occupied by two patients. There was one basin up-stairs for all the patients who sleep there. Those below are said to be washed and shaved twice a week.

Two or three of the patients are employed in teasing oakum, and one or two work in the garden. There are about five acres of land belonging to the house, but very few of the patients are ever taken out beyond the airing-courts. Two Bibles, and an odd volume of sermons, were all the books that could be produced; there was a total want of all means of amusement, and of objects of interest. The pauper patients were dirty, noisy, and ill-cared for; as were also the private patients of dirty habits, who are placed with them.

Private Department.

There are two airing-courts for the private patients. They are better kept than those of the paupers, but are smaller, measuring only 20 yards in length, by 14 in breadth.

Appendix C. Licensed Houses. No. 24.

Hillend House, Greenock.

MALES.—The usual rate of payment is from £30 to £40 per annum. There is a day-room for the patients paying £30, and another for those paying £40. The chairs in the former are of plain wood, in the latter they have haircloth seats. The furniture in the best day-room consists of chairs and a small round table only; but it did not appear to be in occupation, as all the patients were in the other room. The sleeping-rooms of the patients at £40 are rather more fully furnished than the others. In general, there are two beds in each room; and in one instance one bed was occupied by two patients. The bedrooms have open fire-places and sliding window-shutters. The patients dine together in their day-rooms.

FEMALES.—The female patients sleep on the floor above the males, and use the same stair in going out and coming in. The usual rate of payment for them is from £30 to £40 a year. Two or three patients occupy one room.

In the attics, above the rooms occupied by the female private patients, are two bedrooms for such of the female paupers as are employed in household work. One of these contains seven beds, most of them double; but as the house is not at present considered to be full, they are mostly occupied by only one patient. The beds are better than those used by the other paupers; but as there is only one window, (a skylight, about 3 feet long, by 1 foot broad,) the ventilation is very bad, and the room at night must be close and offensive. In the other attic are five beds. Several of them are double; but they are not all occupied at present. Stoves are said to be placed in these attics in winter.

We have remarked that the private patients of dirty habits are placed with the paupers. We allude particularly to two cases: those of —— and ——. The sums paid by these two patients are respectively £53, 11s., and £35 a year. We learned from the attendant that for three or four months past they had slept together naked on loose straw. We refer to Mr. Thomson's evidence for further particulars as to these cases.

DIET.—There are no diet tables. The pauper patients are not furnished with knives and forks. The broth contained meat in lumps, and large pieces of fat, which the patients tore with their fingers.

The asylum has an abundant supply of water.

*ATTENDANTS.—There are in the whole house three male attendants:—

One at £21 yearly.
Two „ £20 „

There are four female attendants and servants:—

One at £12 yearly.

* On a second visit the rates of wages were stated, by one of the attendants, to be considerably lower.

One at £10 yearly.
One laundress ,, £14 ,,
One cook ,, £14 ,,

No clergyman or missionary ever visits the house, and none of the patients go to church. On Sunday, we were told, one of the Messrs. Thomson reads to the males and females at separate hours. The two sexes never associate.

The books kept are the Admission Book, Weekly Register, Madhouse Register, and a book, not required by the statutes, but recommended to be kept by Dr. Rainy.

The Weekly Register does not give the names of the patients, but merely their numbers. There is no record of restraint.

The following are extracts from the last two entries made by the official visitors:—

"28*th October* 1854.—The Sheriff-substitute, accompanied by Dr. ——, inspected the house. Dr. —— examined the inmates, and the Sheriff-substitute went over the various warrants in connexion with Messrs. Thomson's Register, and all found in good order."

"18*th April* 1855.—The Sheriff, along with Dr. ——, this day made the necessary inspection and examination, and found all right."

IDIOT SCHOOLS OR ASYLUMS.

25. BALDOVAN ASYLUM FOR IDIOTS.

Visited 12*th October* 1855.

This institution, the first of the kind established in Scotland, was opened in 1854, and owes its origin to the philanthropy and exertions of Sir John and Lady Jane Ogilvy. It is situated about two miles from Dundee, and is estimated to afford accommodation for 40 children. It is supported partly by subscriptions and donations, and partly by the payments on account of the children. Both sane and idiot children are admitted, but they are placed in different departments of the house, and do not associate together. The number of idiots, at the time of our visit, was 12; that of sane children 13. The rate of board varies with the accommodation, but the lowest rate for idiots, is 5s. a week. An arrangement was proposed to be entered into, with the Directors of the Edinburgh Idiot Asylum, by which all the boys should be transferred to Edinburgh, and only girls be retained at Baldovan, the object being to do away with the necessity of providing male teachers. This proposal has not been carried into effect. No boys above twelve years of age are received into the idiot department. The children are well attended to.

Appendix C. Idiot Schools. No. 26. — Edinburgh Idiot Asylum.

26. EDINBURGH IDIOT ASYLUM.

Visited 21st March 1856.

This asylum was opened in the autumn of 1855, and, when visited, contained 5 children under warrant, and 3 invalid children not under warrant. The establishment occupies a good-sized and airy house in Gayfield Square, with a garden behind. It is conducted by Dr. Brodie. All the children, as yet received, belong to the middle class of society; they appear comfortable and well taken care of. Dr. Brodie is of opinion that the prosperity of such institutions would be materially increased, by doing away with licenses for the admission of pupils, as many parents are deterred from sending their children by the official formalities.

APPENDIX D.

NOTE.—*These Descriptions comprise only such Poorhouses as avowedly and habitually receive lunatic and fatuous patients. Those casually receiving patients, which almost all the others do, are not included.*

I.—*Poorhouses in Central District.*

1. Falkirk Poorhouse.

II.—*Poorhouses in Eastern District.*

(*a*) Mid-Lothian Houses.

2. Dalkeith Poorhouse.
3. Edinburgh City Workhouse.
4. St. Cuthbert's Workhouse.
5. South Leith Poorhouse.

(*b*) Fife Houses.

6. Dunfermline Poorhouse.
7. Kirkcaldy Combination Poorhouse.

III.—*Poorhouses in Northern District.*

8. Aberdeen Poorhouse.
9. Old Machar Poorhouse, Aberdeen.

IV.—*Poorhouses in Western District.*

(*a*) Lanarkshire Houses.

10. Barony Poorhouse, Glasgow.
11. Glasgow City Poorhouse.

(*b*) Renfrewshire Houses.

12. Greenock Poorhouse.
13. Abbey Parish Poorhouse, Paisley.
14. Burgh Parish Poorhouse, Paisley.

V.—*Poorhouses in Southern District.*

15. Dumfries Poorhouse.
16. Rhins of Galloway Poorhouse, Stranraer.

1. FALKIRK POORHOUSE.

Visited 27th August 1855.

This poorhouse is situated half-way between the railway station and the town, and was erected in 1850 for the accommodation of 200 paupers. At present it contains 130, the highest number hitherto received being 190. The lunatic wards are situated to the rear of the workhouse, and form a separate building. They were opened in 1853, and are calculated for the accommodation of 32 patients. At present they contain 7 males, and 12 females.

Of these, two male and two female paupers belong to other parishes, and one male and one female patient are paid for by their friends.

The charge for patients not belonging to the parish is 6s. 6d. a week, exclusive of clothing. The actual cost of the inmates overhead, including lunatics, is at present 5s. ½d. a week, exclusive of clothing. All the pauper lunatics belonging to the parish are in the poorhouse, except one, who is placed with relatives. Acute and chronic cases are alike admitted.

The building for the insane is of one story only, and, from being enclosed by high walls, is cheerless and gloomy.

The wards for males and females are constructed on the same plan. They each comprise two dormitories for cleanly patients, one for patients of dirty habits, a seclusion-room, a day-room, and an attendant's room. The first dormitory in the male department measures 16 feet long, 9 feet broad, and 11 feet high, and contains four beds. It is lined with wood, as, indeed, is the house throughout. It is warmed by hot-water pipes, which run close to the ceiling, and is ventilated by an aperture in the floor, which communicates by a pipe directly with the external air. In the ceiling are two apertures, through which the impure air escapes into a garret or vacant space under the slates. Partly from the small size of the ventilating apertures, and partly from the surrounding high walls impeding the circulation of the air, the ventilation throughout the house is not satisfactory. The hot water apparatus is said to answer well. There are no open fire-places except in the attendant's room. The windows have iron sashes, and everywhere throughout the house, with the exception of two, which look into the airing courts, have dead walls within ten feet of them. The bedsteads are of iron; the bedding consists of a straw mattress, chaff pillow, blankets, and one sheet. The beds are clean.

The seclusion-room is close to the day-room, and the house is so badly constructed, that one noisy patient is sufficient to disturb all the others. Another error of construction consists in the second dormitory, and the room for patients of dirty habits, having been made to open immediately from the day-room.

Appendix D. No. 1. Falkirk Poorhouse.

The room for wet patients contains three troughs, sunk in the floor, over which the beds stand, after the fashion of those in the Glasgow Asylum. These beds are provided with stretched canvas bottoms.

The seclusion-room measures 9 feet in length, 6½ in breadth, and 11 in height. It differs nowise from the others, except in the door having stronger fastenings, and the window-shutter locking.

The day-room is provided with benches fixed round the walls, and contains, besides, one loose bench without a back, and a table. It is clean, but bare and gloomy, from the dead wall standing so close to the windows. There is gas in the day-rooms, and in all the dormitories. On each side there is a water-closet, warm-bath, shower-bath, and lavatory. The lavatory has only one leaden trough or basin for all the patients. There is no regular time for using the warm-bath; the shower-bath is occasionally used as a punishment, and also medically, to quiet excited patients. Leather muffs for the hands are in habitual use, and the strait-waistcoat is also occasionally applied.

There are two airing-courts, each measuring 20 yards in length, by 10 in breadth. The walls are 18 feet high, and completely exclude all view. In the centre of the men's court is a mound about 4 feet high. It was formerly of sufficient height to enable the patients to see beyond the walls, but was lowered, in consequence of some patients rolling down the slope in fits, and others shouting to the passers by. Besides these courts, a circumscribed space in front of the house is occasionally used for refractory patients.

In the female department, the matron complains of the impossibility of getting sleep when any patient is noisy. In the largest dormitory, which is 16 feet long, 9 feet broad, and 11 feet high, equal to 1584 cubic feet, there are six beds, so that each patient has only 264 cubic feet of air.

The patients in both wards were clean in their persons, comfortably dressed, and their bodily wants seemed well attended to.

There are one male and one female attendant, man and wife. The former has £30, and the latter £15 a year, with board, lodging, and washing.

There is no appointed chaplain, but ministers officiate occasionally in the workhouse. The insane paupers do not attend. The only religious service at which they are present, is when the governor reads to them on Sundays, which he is said to do about once a fortnight.

There is a great want of the means of employment. About 1½ acre of land belongs to the house, but one acre is about a mile distant, attached to the fever hospital. The cultivation of this land is reserved to the lunatics, and affords occupation for a week or two in spring; at the date of our visit they were without

employment of any kind. A newspaper is received, and there are some books; but few of the patients read much. The diet is according to the tables of the Board of Supervision, but the insane and fatuous paupers are said to receive an additional allowance.

The Sheriff's last visit was on 2d April 1855, when he made the following entry:—

"Visited the Asylum this day, and found the house in excellent order. Most of the male patients were out at work. "It appeared to me that the number of female patients was very "large in proportion to the accommodation, especially in the "sleeping apartments."

The Madhouse Register and Weekly Register are kept, and copies of the former are sent twice a year to the Sheriff. There is also a book of certificates of sanity, which are granted by the surgeon, before any patient is discharged. The columns for restraint in the Weekly Register are carefully filled up. There are two medical attendants, one who is permanent, and one who acts more in the capacity of consulting physician, and is changed every year. The appointment of the latter appears to have been a stipulation by the Sheriff, when the house was licensed. Both medical officers sign the certificates of admission.

2. DALKEITH COMBINATION POORHOUSE.

Visited 19th February 1856.

This house stands in a pleasant and convenient situation close to the Eskbank station of the North British Railway, and accommodates the poor of nine parishes, containing an aggregate population of 27,659. It is a two-storied building, consisting of a front and two wings; and, with the additions lately made, is capable of accommodating 124 inmates, including children. The number, on the day of our visit, was 84, of whom 2 males and 10 females were fatuous or insane.

There is no separate accommodation for the insane, who are treated precisely as ordinary paupers. The dormitories are all up-stairs. The largest number of beds in any one dormitory is sixteen, but the usual number is about ten or twelve. Some of the rooms were rather over-crowded, although others were vacant. The bedsteads are of iron, the mattresses of straw, and the beds appeared clean and comfortable, with two sheets and sufficient coverings. There are a few double beds in the women's quarters, but, as a general rule, they are single.

The dormitories are used only at night, except those occupied by the old and infirm paupers of both sexes, which serve also as day-rooms. The furniture is limited to beds and chamber utensils, except in the wards for infirm patients, where there are

Appendix D. No. 2.

Dalkeith Combination Poorhouse.

also benches; but there is a total want of chairs, and other suitable furniture for the frail and weak, who are thus obliged to lie very much in bed.

The day-rooms are on the ground floor, and are flagged. There is one for the adult males, and another for the adult females. Both are very bare, containing no furniture but a couple of benches. A pauper, of dirty habits, sleeps in a room on this floor.

There is a general hall in which the paupers take their meals; no distinction is made in the diet of the sane and fatuous.

None of the insane or fatuous paupers are under warrant, but all are said to be reported as fatuous to the Board of Supervision. Application seems to have been made to the Sheriff for a license when the house was first opened, but, for some reason or other, it has never been obtained. The patients are principally congenital imbeciles or epileptics, or have become fatuous from age; but there is one female who decidedly does not come within this description. She is fifty-four years of age, a pauper of Newton parish, and was admitted some months ago without any medical certificate. The inspector of poor of Newton, on inquiry being instituted, professed to be ignorant of her insanity, while the governor of the poorhouse maintained that she was in the same condition on her admission as when seen by us. She is now in a state of dementia.

There are no single rooms, and no means of treating refractory cases, but the governor has power to refuse all patients whom he cannot control, or who would interfere with the comfort of the other inmates. Accordingly he has refused to retain patients of dirty habits, who have, in consequence, been removed to asylums. Still, so far as depends upon him, he would receive recent cases, if quiet and manageable, without taking into consideration whether they were curable or incurable.

There are no paid attendants. Strait-waistcoats, or other means of restraint, are never used.

3. LUNATIC WARDS, CITY POORHOUSE, EDINBURGH.

Lunatic Wards, City Poorhouse, Edinburgh.

Visited 11th July 1855.

The patients, at the date of our visit, amounted to 27 males, and 71 females. They have all been admitted without the warrant of the Sheriff; the house, under the Act 55 George III., cap. 69, claiming exemption, as a public hospital, from the obligation to apply for warrants; and ignoring the fact that all exemptions were annulled by the Act 9 George IV., cap. 34.

The house stands in an open situation in the Forrest Road. It was built for a reformatory school, but some obstacles inter-

vening to prevent its being used as such, it was appropriated to the reception of the incurable insane poor of the city parishes. The supposed curable cases are sent to the Royal Asylum, where they are left as long as any chance is believed to exist of the patients being restored to reason. They are subsequently transferred hither. A committee of the parochial board goes to the asylum to decide on the cases to be removed, but no patient is transferred against the opinion of Dr. Skae, the medical superintendent.

The male patients sleep in a large ward about 60 feet long, and proportionally broad and high. It is airy and well ventilated, and lighted with gas. It contains twenty-three beds, many of them double, and some tables and benches without backs. The ordinary beds are clean and comfortable; the mattresses are of straw, and well filled. Patients of dirty habits sleep in trough-beds, on loose straw covered by a blanket, and are not separated from the other patients. Two female nurses, whose beds are inclosed by curtains, sleep in the ward. The windows open freely and are all barred on the inside. There are open fire-places without guards. The patients have no day-rooms; they take their meals at the tables in the dormitory. There is one male attendant, who has a free house with 14s. a week and his board. The patients were clean in their persons, and seemed well cared for.

The females sleep in the upper floors. One ward, of the same size as that just described, contains twenty-two beds, many of them double. Another ward, on the same floor, contains fourteen beds, several of them also double, and one or two of them trough-beds. These wards contain, besides the beds, benches without backs, tables, and a few stools. There is no day-room. A good many of the patients were sewing. The wards were clean, well aired, and comfortable; the beds generally clean and tidy; and the patients seemed well cared for. An attic is divided into six single rooms and a small dormitory with four beds, which are set apart for restless patients, who would disturb the tranquillity of the larger wards. There is another large attic, containing fifteen beds, many of them double. The accommodation for females is considerably greater than that for males.

In a separate building, which formed originally the offices of the Darien Company, are some single rooms for noisy and troublesome patients, and for the reception of cases sent in by the police. They are habitually occupied by female patients, but males requiring seclusion are also, of necessity, placed in them. All insane persons taken up by the police, are sent here, till it be ascertained to what parishes they belong, or till it be decided whether they are to be sent to the Royal Asylum or permanently detained in the workhouse.

Appendix D. No. 4.

Lunatic Wards, City Poorhouse, Edinburgh.

The Sheriff makes no official visits to the house, and no records are kept in special connection with the insane. The chaplain attends every morning, and, on Sundays, has service for the patients, at which a considerable proportion of them are present. There is a small library to which the patients have access, but it consists principally of tracts and religious books. Some of the patients are allowed to go beyond the bounds of the house on "liberty days," which occur once a month.

The great defect of the house, and one which cannot be remedied, is the deficiency of ground. There are only two small airing-courts, of irregular shape, one for the males, the other for the females; both surrounded by high walls, and possessing scarcely any view. There is also a great want of the means of occupation, and the practice of placing two male patients to sleep in one bed is very objectionable.

Dr. Smith, the medical attendant, visits daily.

St. Cuthbert's Charity Workhouse, Edinburgh.

4. ST. CUTHBERT'S CHARITY WORKHOUSE, EDINBURGH.

Visited 8th May 1855.

At the period of our visit the workhouse contained 517 inmates, among whom were 18 male, and 39 female insane or fatuous paupers. To a certain extent it thus constitutes a lunatic asylum, but, nevertheless, is not considered to come under the statutory regulations affecting them. Lunatics are received without any medical certificate, and without any warrant from the Sheriff; no books are kept in accordance with the Lunacy Acts; no visits are made by the Sheriff; and there is no proper record of the times and manner of restraint. The house governor and medical officer manage the patients as they think fit, under the supervision of the house visitors. But the house is at present in a state of transition, and additional accommodation is being provided with the view of receiving more patients, and obtaining a licence.

The patients have no day-rooms, and take their meals in their dormitories; but there is an intention to provide day-rooms. The men's dormitory contains eighteen patients, who generally sleep two in a bed. The room is crowded, and the ventilation very imperfect. The furniture is limited to benches and tables, but the latter are insufficient for the proper accommodation of the patients at meals. Many of them accordingly take their food off their knees. The beds are tolerably comfortable, with straw mattresses. The sheets are changed once a month. It is proposed to convert this ward into a work-room.

The women's dormitory is 65 feet long, 21 feet broad, and 10½ feet high, equal to 14,332 cubic feet, and contained 40 patients, thus giving only 358 cubic feet to each. Most of the

Appendix D. No. 4.

St. Cuthbert's Charity Workhouse, Edinburgh.

patients sleep two in a bed. The ventilation is very imperfect. On entering we found a patient with her hands strapped behind her back. She had been restrained in this manner all night, and had not been seen by the medical officer till about half an hour before our visit. On the removal of the strap, by our direction, she displayed some violence, but soon became calm. Her wrists were chafed, and her hands cold and swollen, from the pressure of the strap. The dormitory serves also as a day-room, but there is a deficiency of seats and tables. It is proposed to provide a day-room for the females also.

The nurses have two strait-waistcoats in their keeping, and may thus have recourse to restraint whenever they choose, without any efficient check on the part of the governor or medical attendant. Five cells have lately been built for the reception of refractory and noisy patients, but they are still too damp to be used. At present the nurses are paupers; but it is intended, when the house is licensed, that they shall be of a better class. Besides the patients in these dormitories, a few are mixed with the sane paupers.

The clothing of the patients seems sufficient. There is a warm bath, which is always used on the admission of patients, and there are lavatories and water-closets for each ward.

The ground belonging to the workhouse is of very limited extent; and this want, owing to surrounding buildings, cannot be remedied. Two small airing-courts are the only places for exercise, and, at the time of our visit, both were in great disorder, owing to recent building operations.

The dietary for the males and females is the same; but the insane, by directions of the medical officer, receive daily 6½ oz. more bread than the other inmates.

The average cost a week per head of all the inmates of the poorhouse for the last six months was—

	£	s.	d.
For food, fuel, and clothing,	0	2	1
For salaries, feu-duties, &c.,	0	0	6½
Rent,	0	0	3
Medical care,	0	0	1
	0	2	11½

The medical officer attends daily. He has full powers to order any additional diet or medical comforts. His salary is £60 a year.

As already stated, no visit is made to the house by the Sheriff, but a list of the insane and fatuous patients is sent twice a year to the Board of Supervision. The surgeon and chaplain make monthly reports which shew the rate of mortality; and the surgeon makes an entry whenever restraint is used with his knowledge.

Appendix D. No. 4.

St Cuthbert's Charity Workhouse, Edinburgh.

On 17th November 1856, we again visited this house, and found that a license had been obtained in August 1855. The lunatic wards contained 82 patients, classified as—

Males.		Females.	
Curable, . . .	5	Curable, . . .	11
Incurable, . .	28	Incurable, . .	38
	33		49

Of these patients there had been admitted—

	Males.	Females.
From the Poorhouse, ...	10	6
„ Royal Asylum, . . .	22	37
„ Parish, ...	1	6
	33	49

Some of the curable cases had been brought from the Royal Asylum; others had been admitted directly from the parish. The licenses make no distinction between patients considered curable, and those supposed incurable. A considerable number of fatuous patients remain in the ordinary wards.

Day-rooms have now been provided, which are clean and orderly, but they contain no other furniture than tables and benches without backs. The dormitories are well ventilated, but still somewhat overcrowded, each patient having on an average about 460 cubic feet of air. Both day-rooms and dormitories have open fire-places guarded with gratings. The wet patients occupy the same dormitories as those of cleanly habits; the beds of the former have stretched canvas bottoms, on which the patients lie, without any intervening sheet or blanket; but the bedsteads are closed below by zinc troughs, which have been lately added on the recommendation of the medical officer, as the patients suffered from cold. All the patients now sleep in single beds; those for cleanly patients have straw mattresses and pillows, two sheets, sufficient blankets, and a coverlet. The dormitories contain no other furniture than the beds and chamber-utensils; on the female side, they are still partially occupied by the patients during the day, who then sit on the beds. There is no separate sick-room on the male side; but on the female side, a dormitory has been subdivided to form one. None of the windows are barred, but some have the lower half protected by trellis-work.

Nominally, there are four attendants for the males, viz., the governor, a head attendant, a second attendant, and a pauper assistant. Practically, however, there are only two: the head attendant, and the pauper assistant. The governor has the whole house to manage. The second attendant is superintendent of shoemakers, and as such, is mostly occupied with the ordinary

Appendix D. No. 5.

St. Cuthbert's Charity Workhouse, Edinburgh.

inmates. The head attendant receives £1 a week, without board; and the pauper assistant 1s. a week, with his maintenance.

For the females there are, besides the matron, three paid attendants, one at £12 a year, and two at £10, exclusive of board, but with washing.

The male's airing-ground is 27 yards long, and 14 broad; that of the females 27 yards long, and 13 broad. They each contain central grass plots with surrounding walks, and are open only to the north, in which direction they look out on the backs of houses. The high buildings of the poorhouse prevent the sunshine from reaching them at all in winter. There is, besides, a small narrow yard, enclosed by high walls, which is used as a bowling-green by the males.

The patients were clean and orderly in their persons, sufficiently clothed, and appeared adequately fed. They take their meals in their day-rooms. About twenty-five of the females are occupied in sewing, knitting, and household work. There are some books and cheap periodicals for both sexes, and a weekly dance; but the males are almost entirely without the means of occupation.

A chaplain visits the house twice a day during the week, and thrice on Sundays. A considerable proportion of the insane patients attend his services.

Mechanical restraint has not been employed since the license was obtained. There are seclusion-rooms both on the male and female side, but they appear to be little used.

The Weekly Register and Madhouse Register are now regularly kept; and the Sheriff and medical inspector visit half-yearly.*

5. SOUTH LEITH POORHOUSE.

South Leith Poorhouse.

Visited 11th July 1855.

This house was built for the reception of the poor of the parish of South Leith, at an expense of £8000, and was opened in 1850. It contains about 200 inmates, of whom 21 are insane poor under warrant, viz., 8 males and 13 females. But there are, besides these, two or three patients not under warrant, who have been lately admitted, and are detained till it be decided whether they shall be kept permanently, or sent to the Royal Asylum.

With scarcely an exception, the patients under warrant have been removed from the Royal Asylum, and are considered incurable. From time to time the chairman of the committee of management, accompanied by two other members and two medical men, proceeds to the asylum, and, with the assistance of Dr. Skae, selects the incurable cases. A report of the cases so

* Further details connected with this house will be found in the evidence of Mr. Greig, inspector of the poor of the parish.

Appendix D. No. 5.

South Leith Poorhouse.

selected is then made to the Board of Supervision, which seems, however, to be a mere formal proceeding.

The wards for the insane are situated at each end of the building, on the ground floor. There are three rooms on each side: a single room which may serve for unruly patients, and two dormitories; there are no day-rooms. On the female side the patients were thus distributed: one in the single room; four in the second room; and eight in the third room, two of the beds in the latter being double. The beds were clean and comfortable, and the rooms tidy. The windows are barred and the fire-places grated. There are openings for ventilation in the floor and ceilings, communicating with the external air, which are intended to be opened and closed at pleasure, but the greater number of them have become fixed from disuse. The only effective ventilation, therefore, is from the windows and fire-places.

The furniture is scanty, consisting of benches without backs, one or two stools, and a small table. The patients get their food served to each individually, and take it wherever they choose. There is a lavatory with two basins, and a water-closet adjoining; they are situated very close upon the door, and in winter feeble patients must be liable to suffer from exposure to cold while washing.

In one dormitory, on the male side, there were eight beds, and in the other five: one being a trough-bed with canvas bottom for a wet patient. The single room was unoccupied. The furniture here was similar to that on the female side, but there was no table. The patients therefore have no alternative but to take their food off their knees.

All the attendants are paupers. There are two on the female side, who are remunerated by their children being received into the house. On the male side there is one attendant.

There is an airing-court on each side. Both are small, and are enclosed by high walls. At the time of our visit they were not yet in order; but it is intended, we were told, to lay them down in grass.

The only book kept is the Madhouse Register, for annual transmission to the Sheriff. The chaplain attends twice a day, and three times on Sundays; most of the patients are present at his ministrations.

The male patients do not appear to be much occupied in any way. They are also without books, or other means of recreation and amusement. Some of the females sew. A few of the patients occasionally walk beyond the bounds of the house, accompanied by an attendant.

The cost overhead of the inmates of the poorhouse is at present £10, 12s. 11d. a-year, including provisions, clothing, salaries, and rent.

Appendix D. No. 5.

South Leith Poorhouse.

On visiting this house again on 28th November 1856, we found that the Weekly Register has been kept since 20th October 1855. It is not, however, framed in accordance with the statute, and contains no columns for patients under restraint, though there is a strait-waistcoat in the house, which has been applied at least once.

Dunfermline Poorhouse.

6. DUNFERMLINE POORHOUSE.

Visited 23d August 1855.

This house is situated close to the town of Dunfermline. Originally there appears to have been no intention on the part of the parochial authorities to receive fatuous or insane paupers, as no provision was made for their accommodation; but when the practice of admitting them became established, a room was appropriated to the reception of males and females respectively; and this amount of accommodation proving insufficient, an addition was expressly made to the building.

The house when visited contained 6 male and 9 female patients, under license, besides a considerable number of weak-minded or imbecile paupers, mostly females, not under license. Until 1851 none of the patients were under license, but in that year the Sheriff required licenses to be taken out.

Insane patients received from other parishes pay at the rate of 5s. a week, and ordinary paupers from other parishes pay 3s. 6d. a week. The average cost of maintenance, for sane and insane, was 3s. 9¾d. per week for the last period of six months. The total number of paupers at the date of our visit was 160.

The rooms appropriated to the insane are at the east end of the building. The females occupy the ground floor; the males the floor above. The accommodation for the former consists of two rooms to the front of the house, and a lavatory and water-closet behind.

The first room contains three double beds. The bedsteads are of iron, the mattresses and pillows of straw, with two sheets to each, and sufficient coverings. On the whole, the beds appeared comfortable. The window is barred without, and guarded with wire within. The floor is of wood. The furniture consists of a bench without a back, and two stools. For ventilation there is an aperture, close to the floor, which communicates directly with the external air, and another near the ceiling for the escape of the impure air. The house is well ventilated, is warmed throughout by open fires, and is lighted with gas.

The second room contains two double and three single beds, occupied by seven individuals. It measures 18 feet long, 15 feet broad, and 15 feet high, equal to 578 cubic feet for

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Dunfermline Poorhouse.

each occupant. Neither of these rooms contains chamber-utensils; pails are placed in them at night. Indeed this is the practice in all the wards throughout the house. Of the occupants of these two rooms four were sane paupers, and one was a nurse.

The airing-court is very small, measuring 46 feet by 16. It is enclosed with high walls, possesses a very limited view, and is very cheerless. There is no single room for noisy patients, nor any means of seclusion.

The division for males is similar to that for the females, above which it is situated. The windows here are not barred, but have trellised shutters as guards, which are opened or kept locked according to the condition of the patients. The first room was occupied by an insane patient and a pauper attendant. In the second room were four double beds occupied by seven individuals, of whom four were ordinary paupers. Three patients of dirty habits slept in a room of the ordinary wards in separate beds. An old man and a weak-minded young pauper occupied another bed in the same room, the latter acting as attendant. The bedding of the dirty patients was drying in the airing-ground, and was very filthy and offensive. The washing accommodation and water-closet, are similar to those below.

The airing-court is rather larger than that of the females, measuring 55 feet by 20. It has a covered shed, but no seats. Occasionally the patients walk in the grounds, which measure about two acres.

The diet is according to the rules of the Board of Supervision, the medical officer having power to modify it for the fatuous patients, as he thinks proper. The latter take their meals in their dormitories. An attempt was made to give them their meals in the hall with the ordinary paupers, but some disturbances took place and it was given up. In general, the patients remain in their dormitories throughout the day. They have no occupation, beyond a little house-work, such as carrying coals, &c. Those who are able to read are said to be supplied with books and cheap periodicals. On the whole, the patients were clean, well clothed, and in good bodily condition.

There is no regular chaplain. The governor reads prayers daily, and also on Sundays when there is no clergyman; but in general one attends from Dunfermline. The patients have a warm bath once a week, and the shower-bath is occasionally used *as a punishment*. The strait-waistcoat is applied by the governor at his discretion. No books are kept under the statutes regulating madhouses, and no Madhouse Register is transmitted to the Sheriff.

The lunatic wards are licensed for the reception of fatuous and incurable patients only. Accordingly, the licenses are all

drawn out in a form, in which this is set forth. Two medical men certify, in the first place, that the patient is of "unsound mind, and fatuous, and incapable of taking care of himself:" and further, "that to the best of their opinion and belief, and from an investigation that they have carefully made of the history of the case, there is no hope of improvement in the said A. B. by treatment in a lunatic asylum; that the said A. B. is quiet and harmless, and not subject to paroxysms of mania; that his care and safety will be properly provided for, by his being detained in the poorhouse of the parish of Dunfermline; and that his detention there will not be dangerous to the other inmates of the poorhouse."

This certificate is transmitted to the Board of Supervision, which thereupon grants permission to the parochial board to detain the pauper in the poorhouse; and upon this permission, and the accompanying medical certificates, the Sheriff grants his license.

Among the female patients we found the following:—

1. M. H., aged 21, convalescent from an attack of melancholia. The cause of her illness seemed to be overwork in her place as a domestic servant.

2. Mrs. T. Had been in the house about a month. Is suffering from an attack of melancholia, and can, with difficulty, be persuaded to take her food. This patient is not reported to the Board of Supervision, and is not under warrant.

3. M. B. Belongs to the parish of Athelstaneford in East Lothian, and was removed from the House of Refuge, in Edinburgh, about a month ago. She is not under warrant, but it is evident she is considered deranged, as she is charged for at the lunatic rate of payment. She is placed with the ordinary paupers.

4. A female who was in a strait-waistcoat. She is quarrelsome and mischievous, apt to strike, and to destroy her clothes. Hence she is kept almost constantly, both night and day, in a strait-waistcoat.

It is difficult to see how the first and last of these cases have been brought within the scope of the certificate granted by the parochial medical men. The first is curable, and the last is certainly dangerous to the other inmates. But although only fatuous, incurable, and harmless cases are avowedly admitted, the practical rule seems to be to receive all quiet patients, without much considering whether they are curable or incurable. If they become troublesome, noisy, or unmanageable, they are sent to the Edinburgh Royal Asylum, or to Millholme House at Musselburgh.

The irregularity of receiving lunatics without license, seems in a considerable degree to be due to the infrequency of the Sheriff's visits. The governor, who has been nearly three years in the house, has never known the Sheriff to enter it. The last recorded visit of this functionary is dated 28th August 1851.

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As matters are conducted, there is no adequate check to prevent insane patients being received as ordinary paupers, on a simple order of admission from the inspector of the poor.

Kirkcaldy Combination Poorhouse.

7. KIRKCALDY COMBINATION POORHOUSE.

Visited 23d August 1855.

This house is situated about half a mile to the east of Kinghorn, in a very open and exposed situation, close to the sea. It was originally intended, we were told, for the accommodation of 100 inmates, but now contains about 150, and is greatly overcrowded. Apparently, the admission of insane paupers was an after-thought, as no special accommodation has been provided for them. The present governor entered on his duties only about a month ago, and was therefore unable to speak on several points from his own knowledge.

The number of patients under license at the date of our visit, was 4 males, and 12 females, of whom 2 males and 7 females belonged to parishes not included in the combination.

The governor is not aware what rate of payment is charged for the latter, but the average cost of maintenance for all the inmates is at present 3s. 7d. a week per head, including every charge.

The license, on which a patient is received, certifies, that he is of unsound mind, fatuous, and incapable of taking care of himself; that there is no hope of improvement by treatment in a lunatic asylum; that he is quiet and harmless, not subject to paroxysms of mania; that his care and safety will be properly provided for by his being detained in the poorhouse; and that his detention will not be dangerous to the other inmates. Provision is then made "that the windows and door of the sleeping apartment shall be "safely secured, and that one or more individuals sleep in the "same apartment with the patient, in terms of the act of parlia-"ment for regulating the custody, care, and confinement of furi-"ous and fatuous persons and lunatics in Scotland."

The house is of two stories; all the dormitories are on the upper floor. That occupied by the insane females differs nowise from the others, except in having padlocks placed on the windows, and in the door being locked at night. It measures 22 feet in length, 15 in breadth, and 10 in height, and contains seven double beds, so that each patient has only 235 cubic feet of air. Two sane paupers occupy one of the beds, and act as nurses. The bedsteads are of iron, the mattresses of straw, the pillows of tow, and each bed has two sheets. There are chamber-utensils, but no other furniture. The patients occupy the dormitory also as a day-room, and, from want of benches, sit on their beds. They may share the day-room of the ordinary paupers, which serves at the same time as a work-room; but they

generally sit in the dormitory. The room is heated by an open fire, and for ventilation has two large apertures opening into the corridor, covered with perforated zinc plates. The front wall is apt to be damp, from high winds driving the rain through the porous stone of which the house is built.

The day-room, or work-room, is on the ground floor, and contains two benches with backs, and several common forms. It is flagged, and on this account is occupied at night by a female of dirty habits.

The greater number of the females under license are apparently incurable, but there are one or two, who, it would be rash to say, could not be benefited by treatment in an asylum. At all events, they do not, in our opinion, come within the scope of the certificate above mentioned.

One is M. P. This woman was formerly in the house for a short time, and was discharged. About a fortnight ago she was re-admitted. She has delusions, and fancies one of the patients is her child.

Another is C. A., who seems to be more a woman of a violent and dangerous temper than a lunatic.

These two patients sleep in the dormitory above described; but in a detached building, which is, in fact, the probationary pauper ward, is another female, J. H., who is placed there as being noisy. Her malady supervened upon a nervous fever several years ago; for a long time her mother kept her at home, but now both mother and daughter are in the poorhouse. The mother sleeps in the same room. There is also in the same apartment, B. K., a maniacal patient, who is not under warrant. Two ordinary paupers also sleep here. Both J. H. and B. K. are dirty in their habits, and require great attention to keep them clean. They are certainly not fit inmates of a poorhouse.

That irregularities in the admission of patients are of frequent occurrence, appears from the following facts:—

C. A. was admitted on 12th November 1850; but a license was not obtained for her till 16th January 1851, although she was brought from a licensed house.

C. B. was admitted on 5th December 1851, and license was not granted till 26th September 1854.

M. P. was admitted on 11th August 1855, and license was granted on 21st August, application being made for it, for the special purpose of preventing her leaving the house. Had this patient been disposed to remain peaceably, she would have been permanently detained on the inspector's line of admission, on which she was originally admitted.*

The four males, who are under warrant, are all imbeciles, and

* This patient was sent to the Edinburgh Royal Asylum on the 16th January 1856.

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Kirkcaldy Combination Poorhouse.

sleep in a room with eight ordinary paupers. But there is, besides, in the house, a considerable number of fatuous persons of both sexes, not under warrant. No great difference is made in the treatment of these two classes, except that those under warrant sleep in a room with padlocked windows, and locked door. The principal reason for taking out a warrant, seems to be, to obtain authority to detain patients who threaten to leave the house.

The males have a day-room or work-room similar to that on the female side. The lavatories on each side of the house adjoin the work-room, and the inmates, both sane and insane, must all come down stairs to wash. A bath for males, and one for females, is attached to their respective probationary wards. There is also one water-closet on each side within the house. The courts, of which there is one on each side for adults, measure respectively about a quarter of an acre, and serve both for ordinary and fatuous inmates.

The fatuous paupers, not under warrant, are admitted without any medical certificate. It remains with the inspector to decide, whether a license shall, or shall not be taken out in any particular case, and it is the duty of the house-governor to receive all the patients sent in by him. Thus if a maniacal case were admitted, the governor might call the attention of the surgeon to it, but could not otherwise interfere.

It does not appear that the Sheriff ever visits the house. At all events there was no record of any visit, and the governor had never heard of one having been made. No records, specially connected with the insane and fatuous paupers, are kept, and no Madhouse Register is sent to the Sheriff.

The diet is according to the tables of the Board of Supervision, but the fatuous paupers are allowed rather more food than the ordinary inmates.

No regular chaplain attends, but one of the paupers, who was formerly a schoolmaster, reads prayers morning and evening, and on Sunday evenings a minister always officiates.

There are scarcely any books to read except Bibles, and no means of occupation or amusement, beyond a little oakum-picking. About four acres of land belong to the house, but the fatuous paupers do not assist in its cultivation.

Aberdeen Poorhouse.

8. ABERDEEN POORHOUSE.

Visited 27th July 1855.

This Poorhouse is a two-storied building of considerable size, situated in the suburbs of Aberdeen. It is of recent erection, and cost £9400, including furniture and about five acres of land. It was built to accommodate 450 inmates. The highest number hitherto received is 407, and the average number has been about

350. At present, the number of fatuous patients is 27, namely, 18 males, and 9 females.

These are all considered incurable, and have, for the most part, been several years in asylums, before being placed in the poorhouse. Before admission, the permission of the Board of Supervision is obtained, otherwise the Sheriff refuses to grant his warrant. The permission of the Board is given on the certificate of two medical men, to the effect that the patient is harmless and incurable.

It may be remarked that the reception of fatuous patients into this workhouse was not originally contemplated; but the house not being full, economy suggested that harmless and fatuous patients might be advantageously received. The part of the house, now occupied by them, was originally intended for young men and women of dissolute character.

Of the fatuous patients, 8 males and 5 females belong to other parishes. For these, 4s. 6d. a week is charged, exclusive of clothing. The charge for sane paupers of other parishes is 4s., and for children 3s. a week. Each inmate costs at present, on an average, about £8, 17s. 6d. per annum, including rent and salaries; but last year the average cost was £7, 3s., and it is calculated that there is a difference of £5 a year between the expense of a patient in the poorhouse, and of one in the Royal Asylum. The fatuous paupers are not strictly separated from the other inmates.

Thirteen male patients, and a pauper attendant occupy a dormitory on the ground floor. The bedsteads are of wood or of iron, the mattresses of straw, and the pillows of chaff. Each bed has only one sheet. Four double beds were in use. There is no separate day-room for the fatuous inmates, but one or two of the patients frequent the general day-room. Seven patients were picking oakum in this dormitory.

Four patients sleep in a dormitory up-stairs, with several sane paupers. Patients of dirty habits have the same kind of bedding as the other inmates, but trays are placed under their beds, and the bedding is more frequently changed.

A room, originally intended for convalescents, is appropriated to patients requiring seclusion. It contains three beds, and is principally required for cases of delirium tremens, and occasionally for other patients in a state of excitement. However, whenever an inmate becomes so excited as to render seclusion necessary, notice must be immediately given to the Sheriff, who causes an investigation to be made, in order to ascertain whether the patient should not at once be removed to an asylum. To insure this being done, two additional columns, beyond those required by the Lunacy Acts, are introduced into the Madhouse Register. One is headed "Occurrence of any fit, or paroxysm of mania or "violence, and nature thereof," and the other simply "Remarks."

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Aberdeen Poorhouse.

Notice of any entry under these heads must be immediately given to the Sheriff. The following case illustrates the working of this regulation:—A female patient struck a nurse; the house-governor placed her in seclusion, made an entry under "Remarks," and sent for the medical officer, who made an additional entry under the same head, to the effect that the mental condition of the patient had not undergone any particular change. A copy of these entries was sent to the Sheriff at Edinburgh, who directed the procurator-fiscal to investigate the matter.

There are 9 females under warrant, besides two or three imbeciles, who are detained without the Sheriff's license. There is considerable temptation to avoid applying for a warrant, as its first cost is 13s., besides a similar annual sum for the renewal of the license. The female patients are not separated from the ordinary paupers. One dormitory, for instance, contained six fatuous patients under warrant, two imbeciles not under warrant, six ordinary paupers, and two infants. There is no day-room for the female patients, except the paupers' workroom, which some of them occasionally visit.

There is a general dining-hall, where such of the patients as are able, take their meals with the other inmates. Two or three benches are set apart for them.

Some of the male patients are employed in picking oakum, one works as a shoemaker, and another carries coals. A few of the females sew; but very little work is done either by males or females. The general diet of the house is according to Class B. of the scale of the Board of Supervision; but the fatuous patients are said to receive additional food, though not according to any fixed standard. They were sufficiently clothed, and were clean and orderly in their persons and dress. The chaplain attends every morning and evening, and on Sundays there is an evening service in the dining-hall. Prayers follow the meals, and the patients remain with the other inmates.

Besides the open fire-places, there is a heating and ventilating apparatus in the house, which, however, does not work in a satisfactory manner. The draught is frequently reversed, and the air flows in by the apertures in the ceiling, instead of flowing out, as intended.

There are airing-courts behind the house for the fatuous patients, which are used also by the infirm ordinary paupers. They are laid down in gravel, and have colonnades as shelter from the weather, but they possess no view. They are provided with necessaries. There are water-closets in the house, but the patients are required to use the out-door conveniences as much as possible. Lavatories are attached to the several dormitories.

The medical officer attends twice a day. His salary is £45 a year. The Sheriff makes occasional visits, accompanied by a medical man, and the procurator-fiscal, but no record of them is kept.

9. OLD MACHAR POORHOUSE, ABERDEEN.

Visited 27th July 1855.

This house stands in rather an elevated situation, in the suburbs of Aberdeen. It contained, at the period of our visit, 110 inmates, of whom only 21 were males. The number of fatuous paupers was 10: namely, 4 males and 6 females, all belonging to the parish. The accommodation for them consists of a dormitory and day-room for each sex. There are no single rooms, nor any means of secluding patients in case of violence or excitement.

The male dormitory measures 27 feet in length, 15 in breadth, and 10 in height, and is calculated for the accommodation of 18 patients, allowing only 225 cubic feet of air to each. It is paved with asphalte, and has no furniture except the beds, chamber-utensils, and one chair. The whole house is heated by open fires. For ventilation, fresh air enters through an aperture in the floor, and escapes through another near the ceiling. The windows are barred on the inside. They open from the top; the glass of the lower half is obscured, and they are without shutters. The bedsteads are of iron, and the mattresses and pillows of chaff; the single sheet is changed once a fortnight. No particular kind of bedding is used for patients of dirty habits. The doors of the dormitory and day-room are exactly opposite each other; and when both are open, they close the passage and form a private communication between the two rooms.

The day-room is paved with asphalte, and is about the same size as the dormitory. It contains no other furniture than two chairs, and a small bench without a back. At one end is the washing accommodation for the patients. The windows are not barred, and look into the airing-court, which is about 16 yards long, and 10 yards broad. It is laid down in gravel, and has no view.

The women's dormitory is used also as a day-room, because the proper day-room contains a bed, and is occupied by a patient, who is too noisy to be placed in the dormitory. A great want is felt of one or two single rooms for excited patients, and hence the day-room is, in some degree, sacrificed to this purpose. The attendants consist of a male, and a female pauper, who sleep in the respective dormitories.

No recent cases are received; all the patients have been previously in asylums, or are imbeciles from birth. Before a patient is removed from an asylum, a report is in the first place sent to the Board of Supervision, accompanied by two medical certificates, to the effect that the case is harmless and incurable. Permission to remove the patient is thereupon granted by the Board, who rely entirely upon these certificates. No officer from the Board has visited the department for the fatuous paupers.

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Old Machar Poorhouse, Aberdeen.

The house cost about £5000, including land and furniture. There is only about one-eighth of an acre of land, in addition to the courts, besides half an acre which is let to a gardener. There are no means of occupation or amusement for the patients, beyond the supply of a few books to those that can read.

The average cost of each pauper is about 2s. 9½d. per week for clothes and provisions; or, including interest of money and salaries, 3s. 10d. a week.

The diet of the fatuous paupers is according to Class B. of the Board of Supervision's scale, but it is generally made a little fuller. The patients are well clothed, and clean. They have clean linen once a week, and are bathed occasionally, but not at stated times. There are at present no means of mechanical restraint; but the governor has received permission to get two strait-waistcoats prepared.

10s. 6d. is paid for the warrant, besides 2s. 6d. for fees. Similar sums are paid for the annual license for each patient.

A chaplain visits the house five times a week, including Sundays; several of the patients attend his ministrations. Besides this, the house-governor reads prayers, every morning and evening, some of the fatuous patients being generally present.

The Madhouse Register is the only book kept specially in connexion with the fatuous paupers. It has additional columns, in accordance with instructions from the Sheriff, under the same heads as those mentioned in describing the Aberdeen poorhouse.

Barony Poorhouse, Glasgow.

10. BARONY POORHOUSE, GLASGOW.

Visited 20th July 1855.

This house stands in an elevated situation about two miles from Glasgow. It is a square building, enclosing a central court. Each side consists of a centre and two wings. One side is appropriated to the accommodation of the insane paupers. The centres are four stories, and the wings three stories high.

The house was built to accommodate 1500 paupers. At present it contains 800 inmates, and cannot, we were informed, receive above 1000 without being overcrowded. The present number of the insane is 115: consisting of 47 males and 68 females. About 140 may be accommodated, allowing 800 cubic feet of space to each. The total cost of the workhouse, including land, was £38,000. The lunatic department was opened in 1850.

All the insane poor of the parish are received into the house: none are sent to any chartered asylum or licensed house; and few, if any, are placed with relatives or strangers. The Board of Supervision takes no direct charge of the lunatic department, which is entirely under the jurisdiction of the Sheriff. There is a resident medical officer, Dr. Ford, who receives a salary of £175, with free house. He has the medical charge of the whole establishment, but has no power to appoint or dismiss attendants.

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Barony Poor-house, Glasgow.

The patients, except those that are in seclusion, occupy large dormitories. All the windows are guarded with wire work within, and iron bars without. The house is heated with warm air, but Dr. Ford does not consider that the warming apparatus works in a satisfactory manner, as in his opinion the temperature cannot be properly regulated. The house governor, on the contrary, states that it now answers well, though formerly this was not the case. Both, however, agree that open windows interfere with its working: a back draught is created, and the current of hot air is reversed. Dr. Ford also states that when the windows are shut, the patients complain of headache and sickness. There is gas in all the wards. The rooms are ventilated by apertures that, on the one side, communicate with the external air, and, on the other, with the galleries.

Male Department.—On the ground-floor are two dark seclusion-rooms, containing respectively 885 and 906 cubic feet of air. When occupied by patients, a straw mattress is placed on the floor. They are heated by warm air, but their only communication with the external atmosphere is by a narrow slit in the wall close to the ceiling, measuring about 9 inches long and 3 inches broad. It is impossible that by such means they can ever be thoroughly ventilated and purified. There are two dormitories on this floor. The larger contains eleven beds; and the smaller, which is for wet patients, contains six. The bedsteads are of iron, and the mattresses and pillows of straw. The bedding is clean and ample, but only one sheet is allowed to each bed.

The wet patients sleep on canvas stretchers. A zinc tray slides under the bed to receive the urine, but allows a free circulation of air immediately under the canvas: consequently, as the patients lie immediately upon the canvas, or with the intervention only of an old blanket, they are very apt to suffer from cold and rheumatism. Dr. Ford has repeatedly complained of these beds, but hitherto without effect.

There is a third seclusion-room adjoining the dormitory for wet patients, which contains 877 cubic feet of air; it is without any means of heating, and must be very cold in winter. It had a strong ammoniacal odour, although it has a larger opening communicating with the external air, than the seclusion-rooms already mentioned.

The larger of the two rooms, on the first floor, is used as a day-room and dining-room. It has a capacity of 7996 cubic feet, and contains tables and benches, but no other furniture. The smaller room is used as the infirmary, and adjoining it is a fourth seclusion-room. There is also an extra room which is used as a library, and as a parlour for patients and their friends. The visiting days are the 1st and 2d Fridays of the month.

Both rooms on the second floor are occupied as dormitories, as is also a room on the third floor of the centre.

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Barony Poor-house, Glasgow.

The airing-court is at the back of these wards. It is about a quarter of an acre in size, but its area is almost entirely occupied by a large mound, which rises to the level of the top of the walls, to enable the patients to see the surrounding country. This mound was constructed on the recommendation of Sir Archibald Alison, Sheriff of the county. Of the 30 acres of land belonging to the house, more than 8 are occupied by the site of the building, and by the airing-courts; about 20 are in cultivation. From 20 to 30 of the male patients are at times engaged in field labour, and on this account a less extensive airing-court is appropriated to the men than to the women. In the rear of the house, and entering directly from the airing-court, are two workshops for patients who do not work in the fields, and who are here engaged in untwisting cotton. In wet weather most of the patients are thus employed. These rooms have open fire-places, and contain no furniture but benches. In the ordinary department there are workshops for tailors and shoemakers, and occasionally an insane patient may be employed there; but there are no other workshops, beyond those already mentioned, belonging exclusively to the lunatic ward.

There are three salaried attendants—one at 16s. a week, and two at 11s. a week, with board and washing. There is besides a pauper assistant. None of the attendants sleep in the dormitories.

Two of the attendants generally accompany the patients to the fields, while the third remains in charge of the house. Mechanical restraint is not much used, but leather muffs are occasionally applied by the attendants, at their own discretion.

On the landing-places of the stairs, half-way between the different floors, are the lavatories and water-closets. Each lavatory has four basins.

There are two bath-rooms, both inconveniently placed; the patients are bathed once a week.

One patient wears a canvas dress for the purpose of recognition, as he frequently makes his escape. Another sleeps naked, as he is of destructive habits.

Female Department.—This side of the house is laid out exactly in the same way as the male department, but the rooms are rather differently occupied.

There are only two females of dirty habits; they sleep on beds with canvas bottoms. The seclusion-room adjoining the wet ward smelt very offensively. Indeed, from the impossibility of ever having a current of fresh air through any of the seclusion-rooms in the house, it must be extremely difficult to keep them sweet.

The larger of the two rooms on the first floor is used as a dining-room and work-room. Several patients were occupied in untwisting cotton. The smaller room is used as a sewing-room. The seclusion-room adjoining it smelt very offensively. Beyond

this room are some others, above the men's workshops, which are used occasionally for noisy or refractory patients.

There are two rooms at the top of the house, of which one is occupied as the infirmary, and the other is appropriated to the use of old and infirm patients. They contain no furniture suitable for invalids, and the patients have accordingly no alternative but to lie down in bed when they require to rest. The baths, lavatories, &c., are similar to those on the male side.

The airing-court measures about an acre; and, though enclosed by high walls, is, nevertheless, open and cheerful, owing to the slope of the ground. It contains a raised mound, similar to that in the men's court. A few of the women work in the fields at weeding, &c., but generally the female patients are employed in sewing. They make a large proportion of the clothing used in the house.

There are three salaried female attendants: one at £15 a year, and the others at £11 a year each. There is also a pauper assistant. None of the attendants sleep in the dormitories. They have leather muffs and strait-waistcoats in their keeping, but they state that they seldom use them.

The construction of the house does not allow a proper classification of the patients.

There is a resident chaplain, who, however, is not a licentiate of any church. He was formerly a teacher, and receives £80 per annum, with free house, coal, and gas. The patients attend service in the general dining-hall of the house at 11 o'clock on Sundays, and a few are also present in the evening. A part of the hall is reserved for them. The patients are also occasionally visited by their own ministers.

The only book kept specially for the insane department is the Madhouse Register. The Sheriff visits the house half-yearly, accompanied by two medical inspectors. At the visit of 15th May 1855, Sheriff ——, Dr. ——, and Dr. —— recommended that all the rooms should be measured, and the amount of cubic space marked on the doors, so that the maximum number of patients proper to each might be determined.

The average cost of maintenance of all the inmates, including lunatics, is at present—

	Per Week.		
For food, fuel, and clothing, ...	£0	3	$6\frac{3}{4}$
,, salaries, &c., ...	0	0	9
,, rent, ...	0	1	1
,, medical care, ...	0	0	$1\frac{1}{4}$
	£0	5	6

The patients are well clothed, and are clean in their persons. The diet is nominally according to Classes B. and C. of the tables

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Barony Poorhouse, Glasgow.

of the Board of Supervision, but it is stated that about a fifth more is actually given. The governor is of opinion, that the allowance according to the scale was ample; but as there were complaints of scanty quantity, the parochial board gave orders for an increase, which consists principally of oatmeal.

Glasgow City Poorhouse.

11. GLASGOW CITY POORHOUSE.

Visited 15*th May* 1855.

This building was occupied as the Royal Asylum before the erection of the new house at Gartnavel.* At the period of our visit, it contained 40 male, and 35 female patients under warrant, besides one or two not under warrant.

The poorhouse stands at no great distance from the station of the Edinburgh and Glasgow Railway, and is in the immediate neighbourhood of large chemical manufactories. It is the intention of the parochial authorities to fit up the old lunatic wards, and to remove all their patients from Gartnavel. At the time of our visit, the necessary repairs were in progress, and there will soon be sufficient accommodation for all the insane poor of the parish.

The portion of the house in occupation was considerably overcrowded, and the patients were indifferently attended to. Three female patients of dirty habits occupied a room measuring about 12 feet long, 8 feet broad, and 10 feet high, equal to 960 cubic feet. They sleep in trough beds, on loose straw covered by a sheet; the straw is changed without sufficiently cleaning the bedstead, which, on removing the fresh straw, we found saturated with urine. Some of the sleeping-rooms were very close and offensive. The house is heated with warm air, which enters by apertures near the floor of the sleeping-rooms, and escapes by openings above the doors into the corridors, which are warmed in a similar way. One room, about 12 feet in length, 6 in breadth, and 11 in height, equal to 792 cubic feet, contained three beds.

There are only one day-room and one airing-court for the females. They have one paid attendant and two pauper assistants.

The males are placed, some in single rooms, and some in dormitories. The single rooms are ill-ventilated, and not well cleaned; the floors of several being saturated with urine. There are two male attendants. Here, also, the bedding of the dirty patients is of loose straw, covered by a sheet, and the bedsteads are not properly cleaned. Up-stairs, there is a good dormitory and day-room, clean and cheerful. New dormitories are being arranged, and the old sleeping-rooms cleaned and painted. Day-

* *Vide ante* p. 70.

rooms, also, are being prepared, so that the present crowded state of the wards will, it is stated, soon be remedied. At present, there is only one airing-court for the males, but a second is about to be provided.

The following are the reasons assigned for the intended removal of all the insane poor of the city from the Royal Asylum:—The directors of the Asylum having passed a resolution to refuse admission to wounded patients, a patient belonging to the city parish, who had cut his throat, was accordingly rejected. During the prevalence of cholera, also, patients from infected districts were refused, and the parish was consequently obliged to send two patients to Greenock. The parochial authorities were thus put to so much inconvenience, that they resolved to make themselves for the future independent of the Asylum.

The patients seem sufficiently fed, and were warmly clothed. All above forty years of age have flannels, as a rule of the house, and the medical officer has authority to order them for others.

The windows are not barred, nor in any way protected; but an intention was expressed to guard them with wire.

A garden, of about two acres, is cultivated by the ordinary paupers, and by some of the lunatics; but owing to the fumes from the chemical manufactories, only cabbages and other hardy vegetables can be reared.

There is a chapel in the garden, which the patients attend.

A medical officer resides in the house, and another, non-resident, visits daily.

The Sheriff visits the house regularly, accompanied by two medical inspectors, who make an entry in the book kept for that purpose. Visitors from the parochial board also attend once a week.

There appeared to be a desire on the part of the authorities to take proper care of the patients, and, doubtless, their condition will be improved with increased means of accommodation; but there are faults in the situation of the house, which nothing can remedy. The want of country air and cheerful views, and the impediments to the patients going beyond the narrow limits of the institution, render the place quite unfit for the treatment of insanity as a disease.

At the date of our visit, there were 197 insane paupers belonging to the parish. Of these, 75 were in the poorhouse, 2 at Greenock, and 120 in the Royal Asylum. The governor calculates that those in the poorhouse are maintained, on an average, at 4s. a week for food, and 1s. a week for clothing.

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Greenock Poorhouse.

12. GREENOCK POORHOUSE.

Visited 13th July 1855.

This house contains 216 inmates, of whom 18 males and 32 females are under warrant as lunatics. It stands in an airy situation, overlooking the town of Greenock. The lunatic wards occupy a building apart, separated from the ordinary poorhouse by a court. It is a plain two-storied building of recent erection, having been opened for the reception of patients in February 1855, when the insane poor of the parish were transferred to it from Hillend asylum.

The house is divided into two portions of similar construction, one for the males, the other for the females; the two stories of each department are also similarly arranged. The front of the house looks towards the poorhouse; the back overlooks the airing-courts, and the country beyond. The windows to the front are all obscured.

The dormitories on the ground-floor are six in number, and are ranged on both sides of the passage, which is paved with asphalte. They consist of single rooms for refractory patients, and dormitories containing three, four, or six beds. The walls are all lined with boarding. The windows open from the top for about 4 inches only; the lower sash is of iron, the upper of wood. They are provided with sliding shutters. The bedsteads are of iron, and the mattresses of straw; the bedding generally is clean and comfortable. Ventilation is well attended to. Above the doors of the dormitories are large openings, covered with sheets of perforated iron, which communicate with the gallery. There are no open fire-places; the house is warmed by air, heated by contact with the steam pipes of the engine, which is used for forcing it into the wards. The dormitory for wet patients contains six beds, placed over troughs, which are flushed with water when required; these beds have stretched canvas bottoms, over which a blanket is laid. One room, measuring 18 feet in length, 15 in breadth, and 12 in height, contains six beds, giving 540 cubic feet to each patient. The day-room contains benches without backs, and tables. It is clean, but bare.

The day-room on the upper floor, for more quiet patients, is also very bare. It contains four benches and a table. The sleeping-rooms here are clean, and the beds are comfortable.

There is a lavatory, a bath, and a water-closet, for each department. Each lavatory contains five basins.

Behind the male and female wards are their respective airing-courts. They each measure about 30 yards long, and 20 broad, and are surrounded by high walls, which cut off all view of the country. They have no seats; but some, we were told, are to be provided.

The diet of the poorhouse is regulated by the tables of the Board of Supervision, but each insane inmate receives ¼ lb. of meat, three times a week, by the directions of the medical officer. The patients dine in the lower day-rooms; they were clean in their persons, well clothed, and physically seemed well cared for. There is gas throughout the house.

There are only one male and one female paid attendant, man and wife, who receive respectively 18s. and 10s. a week. They are assisted by paupers.

The lunatic wards were erected at a cost of about £3000, but they have been so short a time in operation, that the expense of maintenance of the patients has not yet been ascertained. The rate formerly paid to Messrs. Thomson at Hillend, for the paupers of the parish, was £19 a year; but including clothing and extras, the total cost amounted to about £23. It is calculated that £16 will cover the expense of their maintenance and clothing here. The medical officer visits twice a week.

Mechanical restraint is in occasional use, principally in the form of leather muffs, which are fastened to a strap placed round the body.

There are about 2 acres of land, which are cultivated by the ordinary paupers. There is a great deficiency of the means of occupation for the patients.

All the insane poor of the parish are admitted into the lunatic wards, unless they happen to be very unmanageable, when they are sent to Hillend. If very harmless they are left with their friends. At present there is one patient at Hillend, for whom the rate of payment is £22 a year, including all expenses. Two imbeciles are with their friends, who are allowed respectively 12s. and 10s. a month on their account. Paupers of other parishes are admitted into the lunatic wards at a charge of £20 per annum.

The lunatic wards of this poorhouse thus constitute a regular hospital for the treatment of insanity. Recent and curable cases are admitted as readily as others; and are permanently retained, unless they become extremely unmanageable, when they are sent away, not for their benefit, but to get rid of the trouble and annoyance of keeping them. The mode of admitting patients is as follows:—two medical men certify that "A. B. is in such a "state of mental derangement as to be a proper object for admis- "sion into the lunatic wards of the poorhouse of Greenock," and hereupon the Sheriff grants warrant. There seems to have been some intention to draw a distinction between patients considered proper objects for admission into the lunatic wards of the poorhouse, and those deemed proper objects for admission into the wards of an asylum. But this distinction, if ever intended, is in disuse; for all cases of insanity, occurring among the poor of the parish, are now certified as being proper objects for admission into the lunatic wards of the poorhouse. Notice of admission is

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Greenock Poorhouse.

sent to the Board of Supervision, which, however, takes no cognizance of the condition of the patients on admission. This is the duty of the Sheriff, who, if he chose, might refuse to grant his warrant; but it does not appear that he ever does so.

Considering the kind of cases admitted, and that there is only one responsible attendant, for the males and females respectively, it is obvious that the patients must either be very much secluded, or that they can be allowed liberty only at great risk to themselves and others.

A missionary visits the ordinary wards of the poorhouse daily. One or two of the patients are present at daily prayers, and on Sundays several of them attend chapel. None of them are ever beyond the bounds of the house.

The records kept are the Madhouse Register and the Weekly Register.

Abbey Parish Poorhouse, Paisley.

13. ABBEY PARISH POORHOUSE, PAISLEY.

Visited 14*th July* 1855.

The Abbey Parish poorhouse stands in a good situation on rising ground, about a mile from Paisley, and overlooks the town. The country continues to rise behind the house, so that a view of it is obtained from the airing-courts.

The lunatic wards occupy a separate building from the general poorhouse, and look out upon the open country. The building is of recent erection, and cost about £2400, without the site.

It is equally divided into wards for males and females, and each side is laid out exactly on the same plan. It is two stories high. When visited, the house contained 28 male, and 30 female patients. It was built to accommodate 80 patients, but the highest number hitherto resident at one time is 64.

There is on each side a room for wet patients, which contains six beds standing over troughs sunk in the floor. When the patients are of very dirty habits, their beds have stretched canvas bottoms. The other beds have straw mattresses, and are clean and comfortable. There is a large and airy day-room; but it is very bare of furniture, containing only three benches. Opening directly from it is a seclusion-room, and, immediately adjoining, is another room, also intended for refractory patients. The store-room and dining-room are also approached from the day-room. The dining-room was intended for a dormitory, and is only used for its present purpose till the house is full. The placing of the seclusion-rooms so close to the day-room and dormitories, is a defective arrangement, as the noise of the refractory patients cannot fail to disturb the others. The house, moreover, is so badly constructed, that a noisy patient is heard throughout nearly the whole building.

The dormitories are clean and well ventilated, and are warmed with hot air pumped in by a steam-engine—a mode of heating

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Abbey Parish Poorhouse, Paisley.

which, it is said, answers very well. There were formerly fireplaces in the day-rooms, but they are now closed up and never used. The windows have iron sashes, and open from the top. Above the doors of the dormitories, are large apertures for ventilation, which are covered with perforated iron plates. The shutters of the windows in the lower wards are made to slide and lock.

The walls of nearly all the rooms are boarded.

The lower ward for females is on the same plan, and furnished in the same way, as that for males, except that there is a table in the day-room.

The upper wards are occupied by the better class of patients, and have more sleeping accommodation than those below, in consequence of the rooms above the dining-room and store-room being used as dormitories. The beds and bedding are clean and comfortable, but here also the day-rooms are bare. The upper wards have each one "refractory room," making six in the whole. The largest number of beds in any one dormitory is six. This room is 15 feet long, 12 feet broad, and 11 feet high, equal to 1980 cubic feet, or only 330 for each patient. The chamber-utensils throughout the house are of gutta-percha.

There are an attendant's room, a lavatory, a bath, and a water-closet for each ward, besides a separate water-closet for the attendant.

The two airing-courts contain about a quarter of an acre each. Both are neatly kept, with flower-borders, and grass plots in the centre; and are provided with seats. Each contains a privy with a stream of water. The walls are about 15 feet high, but owing to the slope of the ground, a cheerful view of limited extent is obtained.

Of the inmates at present in the house, fifteen belong to other parishes, and two are paid for by their friends. The rate charged for them is 8s. 6d. a week, exclusive of clothing, which is provided by the friends or parishes. About 6d. additional per week covers the expense of clothing. The cost of the paupers, sane and insane, is at present on an average 4s. $1\frac{1}{2}$ per head per week, including rent of land and house, salaries, and provisions. No precise estimate has been made as to the separate cost of the insane.

None of the insane poor of the parish are in other asylums; nor are any placed with relatives. Formerly, some of the harmless lunatics were boarded out; but the inspector being of opinion that they were not properly taken care of, they were all removed to the house. There is thus no selection of cases, but all, whether recent or chronic, quiet or noisy, are alike received.

Gas is laid on throughout the house, and a small jet is introduced into each of the dormitories.

There are two male and two female attendants, who, in both

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Abbey Parish Poorhouse, Paisley.

cases, are man and wife. Each couple has a joint salary of £35, viz., £20 to the man, and £15 to the woman.

Canvas bags are used to restrain the hands of patients, and the shower-bath is occasionally employed, it is said successfully, in calming excitement; but it is not very frequently used.

About ten of the male patients work in the grounds. Some of the females sew, and do a little work in the house.

The diet of the house is according to the tables of the Board of Supervision; but the insane patients, we were told, receive a daily allowance of four ounces of beef, without bone, and a bit of bread at twelve o'clock. All the vegetables consumed in the house are grown in the grounds. No cows are kept.

The medical attendant receives an annual salary of £30, for attending the poor of a district of the parish, and £30 more for visiting the house. There are three other parochial surgeons, each receiving £30. Any two of them may grant the medical certificate, on which the Sheriff issues his warrant.

None of the insane patients attend religious service, nor are they ever visited by a clergyman.

No inspector from the Board of Supervision has visited the lunatic department; the Sheriff visits twice a year, accompanied by Dr. ——. They made their last visit on the 19th of April, when they "found everything in a satisfactory condition," except one of the walls, which was damp from the escape of steam.

The books kept are, the Madhouse Register, the Weekly Register, the Admission Book, (which the Sheriff signs,) and a Case Book, which is kept by the surgeon.

Private patients or boarders are found so troublesome, that it is intended in future to refuse them admission. Their friends think they ought to receive better treatment than the paupers, which cannot be conceded. The kitchen and offices are situated in the ordinary department of the house. The engine for pumping in heated air, belongs exclusively to the insane department, the rest of the house being warmed by open fire-places.

Burgh Parish Poorhouse, Paisley.

No. 14. BURGH PARISH POORHOUSE, PAISLEY.

Visited 14*th July* 1855.

This poorhouse is situated in the town of Paisley, close to the railway station. The ordinary workhouse is an old building, but the wards occupied by the insane patients are of recent erection. The old house fronts the street; the lunatic wards are behind, and form one side of a small court, the other sides of which are occupied by the offices and general dining-hall. There were in the house 11 males, and 15 females, under warrant.

The attendants' apartments separate the wards for males from those for females. On the ground floor of the male department are two small day-rooms, furnished with tables, and benches with backs. They are heated with warm air pumped in by an engine.

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Burgh Parish Poorhouse, Paisley.

This is a mode of heating which, as has been stated in previous descriptions, is not unusual in poorhouses in the west of Scotland, and it is generally found to answer very well. It possesses this great advantage over systems dependent on suction, that open windows do not interfere with its working. There are no open fire-places in the house. The apertures for the introduction of the warm air appear small, but they are said to be sufficient for the thorough warming of the house. The second day-room opens into the airing-court, which is very small, measuring 25 yards in length, and 14 in breadth; but it is very neatly kept, with a grass plot in the centre. On three sides it is bounded by walls about 15 feet high, and on the fourth by the workshop and the patients' dining-room. It has no view.

There is no land belonging to the poorhouse; but the patients are employed in weaving. The workshop contains six looms, and, together with the dining-room, separates the airing-courts of the males and females. The dining-room, which is used for both sexes, has two doors in opposite corners, one entering from each court. It is furnished with fixed seats, like a chapel, four looking in one direction, and four in the other, so that at meals the male and female patients face each other. They comport themselves quietly, but are not allowed to speak. They are generally all present.

Passing from the dining-room, the airing-court for females is entered. It is neatly kept, but is without any view. It contains some flower-plots, and measures 16 yards in length, by 12 in breadth. Forming one side of it, and opposite the dining-room, is a large day-room, with four windows, measuring 35 feet in length, and 15 in breadth. It is used as a workroom, and contains several reels. It is fitted up with benches round the wall, and is furnished with tables. Several patients were sewing and knitting in this room, which is lighted with gas. Both courts are provided with privies.

The rest of the accommodation for females, on the ground floor, consists of three single rooms, a dormitory with three beds, and a small day-room. These rooms are in single range, the windows of the passage looking into the central court, and those of the dormitories into the airing-courts at the back. The day-room is at the end of the passage, and occupies the whole breadth of the building. Its windows are all of obscured glass. The sleeping-rooms are of good size, are warmed with heated air, and the beds are clean and comfortable. The single rooms measure about 9½ feet in length, 7 in breadth, and 12 in height, equal to 798 cubic feet. Stretched canvas bottoms are used for the beds of wet patients. There are apertures in the walls of all the sleeping-rooms for ventilation, immediately under the ceiling, and communicating with the passage.

At one end of the upper floor are four single rooms, and a large

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Burgh Parish Poorhouse, Paisley.

dormitory with eleven beds for females; and at the other end are the sleeping-rooms for males. The largest male dormitory contains 7 beds, the others are mostly single rooms. Altogether the males have 16 beds, several of which are unoccupied.

About two-thirds of the patients are generally females, and one-third males.

The parish contains about 30,000 inhabitants, and all its insane poor are treated here. Insane patients were first received in 1827, but were afterwards removed to the Royal Asylum, Glasgow. In 1854, however, after the erection of the new buildings, the practice of receiving them was resumed. At present there are four patients from other parishes, the charge for each of whom is 1s. a day, exclusive of clothing. Such patients are received only when at the time of their attack they are resident in the parish, and their place of settlement is not at first known; but they are not dismissed after its discovery.

On the ground-floor are a lavatory, a bath, and a water-closet for males, and the like for females. There is no water-closet upstairs. The patients are all bathed once a week. The shower-bath is used occasionally to quiet excited patients, but never without medical sanction. There is an ample supply of water. No mechanical restraint is ever used, and there are no strait-waistcoats or leather muffs in the house.

The attendant and his wife have a free house, and a joint salary of £70. They have a male and a female pauper assistant, who sleep in the large dormitories of their respective wards.

The patients are supplied with books and newspapers. The chaplain attends every day in the poorhouse. His salary is £20 per annum, and his whole time is occupied in visiting the paupers, and performing religious service in the house. He has service for the insane patients on Sundays only. Occasionally, the ministers of the town, or a missionary, officiate in his stead.

The diet is according to the tables of the Board of Supervision, but the insane, we were told, have an extra supply of bread, and receive two ounces of meat daily. The workers get snuff and tobacco, and extra diet. On the whole, the house is well managed, and the comfort of the patients is considered.

There are four parochial medical men who take charge of the poorhouse in rotation, each for a year at a time. They have each an annual salary of £30, with £10 additional to the one who has charge of the poorhouse.

The books kept are the Madhouse Register, the Register of Male and Female Patients, and the Weekly Register.

The last entry by the Sheriff is dated 19th April 1855, and is to the following effect:—

"Visited the lunatic wards this day, and found everything in "a satisfactory state, except the books intended as a record of "the in-patients, and the administration of medicine; in regard

" to which matters it is suggested to Dr. —— specially to re- " port to the Sheriff." (*Signature.*)

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Burgh Parish Poorhouse, Paisley.

" Visited, along with Sheriff ——, and found all in good " order, as stated in the above report." (*Signature.*)

15. DUMFRIES POORHOUSE.

Dumfries Poorhouse.

Visited 11*th March* 1856.

This poorhouse stands about a mile from Dumfries, and was opened for the reception of paupers in November 1854. It contained, at the date of our visit, 3 male and 5 female insane or fatuous patients, mixed with the sane inmates. None of them were under warrant. They are received on the simple line of admission of the inspector, without any medical certificate. Their cost is about 3s. 6d. a week.

Ever since the opening of the house the parochial board has been endeavouring to obtain the Sheriff's license, but hitherto without success.

A license was obtained shortly after our visit. The proceedings connected with it afford a good illustration of the difficulty of rightly interpreting the statutes affecting lunatics. The parochial board, having obtained permission from the Board of Supervision to dispense with the removal of certain patients to a lunatic asylum, and to detain them in the poorhouse, applied to the Sheriff for his license. This application was refused by the Sheriff-Substitute, who found " that it is not com- " petent to issue any order, or special license, for the reception of " any furious or fatuous person into any private house, that is " not duly licensed as a private madhouse." The Sheriff-Substitute added his opinion, that a house, in order to receive lunatics, must first obtain a general license; and that, as a workhouse is a building, under Act of Parliament, for receiving paupers and not lunatics, it would be essential that some portion of it should be perfectly cut off from all communication with the rest of the building, and be provided with a proper staff of medical and other attendants, before a license could be granted.

From this decision, an appeal was made to the Sheriff, who found "that the application to the Sheriff for his order, or special " license, to receive or retain the paupers in the Dumfries work- " house, as insane and fatuous poor persons; and to provide for " them there, in such manner, and under such regulations, as to " inspection and otherwise, as shall be sanctioned by the Board " of Supervision, is a competent application within the power of " the Sheriff to grant."

The Sheriff added in a note,—" Under the present applica- " tion to the Sheriff, there is no question raised about sending,

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Dumfries Poorhouse.

" a furious or fatuous pauper to a *private madhouse not licensed.* " Of course, the Sheriff would not sanction the removal of any " pauper lunatic to such an establishment. His first duty is to " remove such unfortunates to a public asylum. A discretion, " however, is confided in the Sheriff, but always to be exercised " with great caution, to sanction, in particular cases, the con- " finement in a *licensed private asylum.* But that is not the " nature of the present application at all. It proceeds upon a " later statute: the Poor-Law Amendment Act, which allows " such paupers to be dealt with by the *parochial authorities* in " certain cases, without sending them to any madhouse, *public* " or *private.*" The Sheriff then quotes the Act, and proceeds: " This is a very general clause of *dispensation,* the exercise of " which, both as regards the place of confinement or detention, " and the circumstances of treatment, rests entirely between the " Parochial Board and the Board of Supervision. So far from " implying the necessity, in such cases, of *either* Board obtain- " ing from the Sheriff a *general license,* so as to turn the place " of confinement or detention into a *licensed madhouse,* it con- " templates a case in which restraint and treatment is *not to be* " *in a madhouse at all.* The statute expressly says so. The " Board of Supervision may see fit, in the exercise of their " statutory discretion, in the case of a certain class of lunatic " paupers, to treat the case in the parish workhouse. But no " number of such discretionary cases so treated will turn the " parish workhouse into a *madhouse* or *lunatic asylum,* or render " it either necessary or proper for the Sheriff to ordain that it " must be licensed in that character. If, however, the Board of " Supervision, in the exercise of their discretion to *dispense* with " *treatment* in a *lunatic asylum, public or private,* see fit to make " it a condition, that, before removing or detaining such paupers " *elsewhere,* an order or license from the Sheriff, founded upon " proper medical certificates of the precise state of the pauper's " lunacy, should be procured and produced, it is not only *com-* " *petent* for the Parochial Board to apply to the Sheriff for such " certificate, as an order within his power to grant, but it is " their duty to do so."

Rhins of Galloway Combination Poorhouse.

16. RHINS OF GALLOWAY COMBINATION POORHOUSE.

Visited 9th March 1856.

This house occupies a pleasant situation close to Stranraer. The insane have separate accommodation on the ground floor, at the eastern extremity of the building, shut off from the rest of the house by a door in the passage. It consists of a room for an attendant and his wife, three small rooms for males, and as many for females. It is calculated that 6 patients of each sex may

be received. At the period of our visit there were 1 male and 6 females. The male department consists of a day-room, and two sleeping-rooms opening from it. The day-room is very small, measuring 12 feet long, 9 feet broad, and 10½ feet high. The window is barred, and looks into the airing-court. The furniture consists of a small fixed table, and a short bench fixed against the wall. There is an open fire-place; but, as the chimney smokes, the solitary patient has a fire in his sleeping-room.

The larger dormitory measures 15 feet long, 7½ feet broad, and 10½ feet high, and has an open fire-place. It is intended for the accommodation of four patients. The windows are closely barred on the inside, and the glass of one is obscured. It contained no furniture except the beds, and a seat formed of a bit of earthenware pipe standing on end, with a loose board across the top. The bedsteads are of iron. The mattress of the only bed occupied was very thin, and the blankets were dirty. The smaller room measures 9 feet in length, 6 in breadth, and 10½ in height. It is intended for two patients, but is unfurnished. It has no fire-place, nor any means of ventilation except the window.

The airing-court is entered from the day-room. It measures 36 feet in length, and 24 in breadth, and is enclosed by walls 10 feet high. Until recently it was only 24 feet long, but was enlarged on the representations of the Sheriff.

In the larger dormitory there is a recess with four fixed basins, and there is a privy in the court.

The single patient, J. T., was formerly in the Southern Counties Asylum, but was brought hither on 1st May 1855, and has been in solitary confinement ever since. The governor occasionally takes him a walk in the grounds of the poorhouse, which extend to about two acres, but this does not occur oftener than once or twice a month. He is a watchmaker by trade, and the governor has on one or two occasions given him a watch to repair, but otherwise he has no means of employing himself. He belongs to the parish of Leswalt, and was transferred from the asylum from motives of economy. His maintenance at Dumfries cost £17 a year; here it is under 3s. a week, or £7, 16s. a year, including clothing.

The accommodation for the females is similar to that for the males, except that their day-room is somewhat larger. Two beds are in the day-room, three in the larger dormitory, and one in the smaller. The furniture in the three rooms comprises, besides the beds and chamber-pots, a small fixed table, a fixed bench, a loose stool, and a seat of earthenware pipe, like that already described.

The strait-waistcoat is occasionally used.

There are no special attendants for the insane, although it was originally intended to provide them, and the attendants' room is occupied by the pauper girls as a schoolroom. All the female pa-

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Rhins of Galloway Combination Poorhouse.

tients are allowed to mix during the day with the other inmates, and several of them assist in the work of the house. The warrants are granted on the certificates of two medical men, that the patient "is of unsound mind, and fatuous, and incapable of taking "care of himself;" farther, that in their opinion, "the said A. "B. is harmless, not subject to fits or paroxysms of mania; that "his care and safety will be properly provided for by his being "detained in the poorhouse; and that his detention will not be "dangerous to the other inmates."

All the cases at present in the house are considered incurable, but there is nothing in the above certificate to prevent the reception of recent and curable cases. There is one patient in the house, not under warrant; but application for one is to be made immediately. It seems a common practice to procure a warrant only after the patient has been some time in the house.

The Sheriff visits the house regularly, and records his visits in the Visitor's Book.

APPENDIX E.

DIETARIES OF THE PUBLIC ASYLUMS AND POORHOUSES.

NOTE.—*We were desirous of presenting the Dietaries of the Public Asylums and Poorhouses, tabulated in such a form, as would shew at a glance the quantities and kind of food allowed the pauper patients in each Institution. The materials, afforded by the Returns made to us, were not, however, sufficient, either for the construction of a General Table of Dietaries, or for the reduction of the Tables of the individual houses to a common standard. We have, therefore, given the various Diet Tables as we obtained them.*

1. Dietary of the Royal Asylum, Aberdeen.
2. Dietary of the Royal Asylum, Dumfries.
3. Dietary of the Royal Asylum, Dundee.
4. Dietary of the Royal Asylum, Edinburgh.
5. Dietary of the Royal Asylum, Glasgow.
6. Dietary of the Royal Asylum, Montrose.
7. Dietary of the Royal Asylum, Perth.
8. Dietary of the Elgin Pauper Asylum.
9. Dietaries of Poorhouses, as sanctioned by the Board of Supervision for Relief of the Poor.
10. Dietary of the Lunatic Wards of the Central Prison at Perth.

No. I.

DIETARIES OF THE ABERDEEN ROYAL ASYLUM.

	Class I. Private Patients of First Class.	Class II. Attendants, & Private Patients of Second Class.	Class III. Patients of Lowest Class, engaged in Out-door Employment.
Breakfast.			
Tea,	¾ pint, daily,	¾ pint, daily,	
Egg, or fish,	daily,	. . . . .	
Bread,	6 oz., daily,	. . . . .	
Oat cake,	4 oz., daily,	10 oz., daily,	4 oz., daily.
Pottage,	. . . . .	. . . . .	1½ pint, daily.
Milk,	. . . . .	. . . . .	½ pint, daily.
Butter,	¾ oz., daily,	¾ oz., daily,	
Dinner.			
Soup,	¾ pint, daily,	1 pint, daily,	1 pint, daily.
Fish,	4 oz., Wednesday,	4 oz., Wednesday,	4 oz., Wednesday.
Cooked meat,	4 oz., S. M. T. Th. F. S.,	4 oz., S. M. T. Th. F. S.,	3 oz., S. M. Th.
Vegetables,	8 oz., daily,	8 oz., daily,	8 oz., S. M. W. Th. S.,
Suet dumpling,	6 oz., Tuesday,	. . . . .	6 oz., Tues. Frid.
Pudding,	3 oz., Wednesday,	3 oz., Wednesday,	
Bread,	3 oz., daily,	. . . . .	
Oat cake,	. . . . .	4 oz., daily,	4 oz., daily.
Beer,	¾ pint, daily,	¾ pint, daily,	
Tea.			
Tea,	½ pint, daily,	½ pint daily,	
Bread,	. . . . .	2 oz., daily,	
Biscuit,	2 oz., daily,	. . . . .	
Supper.			
Milk,	½ pint, M. T. W. Th. F. S.,	½ pint, M. T. W. Th. F. S.,	½ pint, daily.
Rice and milk,	⅔ pint, Sunday,	⅔ pint, Sunday,	
Pottage,	. . . . .	. . . . .	¾ pint, M. W. F.
Sowens,*	. . . . .	. . . . .	¾ pint, T. Th. S.
Oat cake,	4 oz., M. T. W. Th. F. S.,	4 oz., M. T. W. Th. F. S.,	4 oz., Sunday.

In some of the articles, a reduction of about a fourth part is made in the dietary for females.

* Sowens : flummery made from the husk of the oat fermented.

APPENDIX E., No. I.

DIETARY OF THE ABERDEEN ROYAL ASYLUM—*continued.*

Class IV.—Patients of Lowest Class, in ordinary bodily health, and not engaged in labour.

	Sunday.		Monday.		Tuesday.		Wednesday.		Thursday.		Friday.		Saturday.	
Breakfast.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Oatmeal pottage, (*a*)	1½ pint	1 pint	1½ pint	1 pint	1½ pint	1 pint	1½ pint	1 pint	1½ pint	1 pint	1½ pint	1 pint	1½ pint	1 pint
Milk,	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint
Oat cake,	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.
Dinner.														
Broth, (*b*)	1 pint	¾ pint	1 pint	¾ pint	1 pint	¾ pint	1 pint	¾ pint	...	...	1 pint	¾ pint	...	...
Meat soup, with barley or rice,	...	...	...	...	...	...	...	...	...	...	...	...	1 pint	¾ pint
Pease soup, (*c*)	...	...	...	...	...	...	...	...	1 pint	¾ pint	...	...	...	...
Beef, cooked,	3 oz.	3 oz.	...	...	...	...	...	...	...	...	...	...	...	...
Fish,	...	...	...	...	...	...	4 oz.	4 oz.	...	...	...	...	...	...
Dumpling, (*d*)	...	...	...	...	6 oz.	5 oz.	...	...	...	...	6 oz.	5 oz.	...	...
Oat cake,	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.
Potatoes,	8 oz.	8 oz.	8 oz.	8 oz.	...	...	8 oz.	8 oz.	8 oz.	8 oz.	...	...	...	...
Cabbage, &c.,	...	...	...	...	8 oz.	8 oz.	...	...	...	...	...	...	8 oz.	8 oz.
Supper.														
Oatmeal pottage,	...	...	1 pint	¾ pint	...	...	1 pint	¾ pint	...	...	1 pint	¾ pint	...	...
Sowens,	...	...	...	...	1 pint	¾ pint	...	...	1 pint	¾ pint	...	...	1 pint	¾ pint
Oat cake,	4 oz.	4 oz.	...	...	...	...	...	...	...	...	...	...	...	...
Milk,	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint	¾ pint	½ pint

(*a*) Pottage,.....Boiled oatmeal and salt. About 6 oz. of oatmeal make 24 oz. of pottage.
(*b*) Broth, ...Boiled beef, barley or rice, garden vegetables, and seasoning.
(*c*) Pease soup, ...Boiled pease, and bones from meat cooked on previous day.
(*d*) Dumpling,.....Boiled flour, suet, and treacle.

No. II.

DIETARY OF THE DUMFRIES ROYAL ASYLUM.

CRICHTON INSTITUTION.

I. Class.

Breakfast.—Tea, 16 oz.; bread, 8 oz.; coffee; an egg; fish; cold meat.

Dinner.—Soup, 10 oz.; meat, 8 oz.; bread, 4 oz.; vegetables, 6 oz.; pudding, 6 oz.; beer, 10 oz. Dessert, and wine, 4 oz. every day. Game given in season. To have a remove.

Tea.—Tea, 12 oz.; bread, 4 oz.

Supper.—An egg; or breadberry,* gruel, or sago, &c., 8 oz.

II. Class.

The same as Class I., but without game, and without a remove.

III. Class.

The same as Class II., but with dessert and wine only three times a week.

IV. Class.

The same as Class III., but with plainer breakfast, and without dessert and wine.

Low Diet.

Breakfast.—Tea, 8 oz.; bread, 2 oz.

Dinner.—Sowens, breadberry, or tapioca, 8 oz.

Supper.—Tea, or gruel, 8 oz.

SOUTHERN COUNTIES ASYLUM.

Males.

Breakfast.—Porridge, 2 lbs.†; milk, 10 oz.; *or* tea, 16 oz.; bread, 8 oz.; butter, ½ oz. The same breakfast is given every day.

Supper.—Porridge, 2 lbs.; milk, 10 oz.; *or* tea, 16 oz.; bread, 8 oz.; butter, ½ oz. The same evening meal is given every day.

Dinner.

Monday.—Broth, 24 oz.; meat, 8 oz.; potatoes, 16 oz.; bread, 4 oz.; beer, 10 oz.

* Bread boiled in water, with sugar and seasoning.

† Containing 6½ oz. oatmeal.

Appendix E. II.

Dietary of the Dumfries Royal Asylum: Southern Counties Asylum.

Tuesday—Broth, 24 oz.; potatoes, 16 oz.; bread, 4 oz.; beer, 10 oz.

Wednesday.—Pease soup, 24 oz.; meat, 8 oz; potatoes, 16 oz.; bread, 4 oz.; beer, 10 oz.

Thursday.—Broth, 24 oz.; potatoes, 16 oz.; bread, 4 oz.; beer, 10 oz.

Monday's dinner is repeated on Friday, and the same rotation is gone over every four days.

FEMALES.

Breakfast.—Porridge, 1½ lb.;* milk, 10 oz.; *or* tea, 16 oz.; bread, 8 oz.; butter, ½ oz. The same breakfast is given every day.

Supper, or evening meal.—Porridge, 1½ lb.; milk, 10 oz.; *or* tea, 16 oz.; bread, 8 oz.; butter, ½ oz. The same supper is given every day.

DINNER.

Monday.—Broth, 16 oz.; potatoes, 10 oz.; bread, 4 oz.

Tuesday.—Broth, 16 oz.; meat, 8 oz.; potatoes, 10 oz.; bread, 4 oz.

Wednesday.—Pease soup, 16 oz.; potatoes, 10 oz.; bread, 4 oz.

Thursday.—Broth, 16 oz.; meat, 8 oz.; potatoes, 10 oz.; bread, 4 oz.

Monday's dinner is repeated on Friday, and the same rotation is gone over every four days.

Beer is not given to females.

Rice and milk is given as special or sick diet.

Beer and tea are only given to working, invalid, or aged patients.

Cheese-cakes are added as rewards.

No. III.

Dietary of the Dundee Royal Asylum.

DIETARY OF THE DUNDEE ROYAL ASYLUM.

There is no formal diet table drawn up as a part of the by-laws of the asylum. It has always been the practice in this institution to leave the dietary of the patients to the discretion of the resident medical officer and matron; these officers being intrusted with the power to provide everything which they consider best adapted to promote the cure and comfort of the inmates.

The patients of the highest class have been usually accustomed to give their own directions regarding the furnishing of their table; to choose their own hours for meals; and even to order wines, malt liquors, or spirits, under the observation and sanction

* Containing 4½ oz. oatmeal.

of the resident medical officer. To reduce the dietary of this class of patients to a tabular form, would be simply to draw out a bill of fare similar to that of a hotel.

The private patients of the middle class are provided with a plain, substantial diet. At breakfast and tea, they have tea or coffee, with bread and butter, or porridge and milk. Dinner consists of Scotch broth, with boiled or roast beef, mutton, veal, beefsteak pies, collops, or fish, with potatoes, bread, and vegetables; followed by fruits and salads in their season, or occasionally by puddings of various kinds. The average quantities found to be sufficient, are, at dinner, 8 oz. of cooked animal food, with 4 oz. of bread; Scotch broth, potatoes, and vegetables, being issued in such quantities as to insure an *ad libitum* supply. Half a bottle of table beer is likewise allowed to each patient. At breakfast and tea, 8 oz. of bread and butter, or toast, are found to be sufficient, per head, at each meal.

The pauper patients have three meals a day. Breakfast and supper consist of oatmeal porridge and new milk. The quantity of oatmeal, found to be sufficient for each male, is 7 oz.; which makes about 2 lbs. of porridge. The quantity of oatmeal, found to be sufficient for each female, is 5 oz. Both males and females have $2\frac{1}{2}$ gills of new milk at each meal. These quantities, however, are not rigidly adhered to; if any one demands more porridge, either at breakfast or supper, it is given; and if any patient dislikes the oatmeal porridge, tea, with bread and butter, is substituted. Dinner consists of an *ad libitum* supply of strong Scotch broth and potatoes, with a roll weighing 4 oz.; or if there are no potatoes, a roll of 8 oz. is given. Occasionally pease-soup, or potato-soup, is substituted for Scotch broth. A slice of boiled beef, weighing 2 oz., is issued to each patient daily. Occasionally 6 or 8 oz. of fish, or an equal weight of Scotch haggis, are substituted. When any of the patients are occupied in laborious work, they have, in addition, a luncheon of bread, beef, or cheese, with beer. During the fruit season, gooseberries, strawberries, currants, apples, and salad, are given occasionally after dinner.

No. IV.

DIETARY OF THE EDINBURGH ROYAL ASYLUM.

There are no special diet tables for the patients of the better classes. They have five meals a day, which are varied according to the season of the year, the wishes of the patients, and the medical treatment of the case.

Appendix E. IV.

Dietary of the Edinburgh Royal Asylum.

LOWEST SCALE.

Breakfast.—6 oz. oatmeal in porridge, and ¾ pint skimmed milk, daily.

DINNER.

Sunday.—1 quart broth; 4½ oz. meat free from bone; 1½ lb. potatoes.
Monday.—1 quart broth; 8 oz. fish; 6 oz. bread.
Tuesday.—1 quart broth; 8 oz. dumpling; 1½ lb. potatoes.
Wednesday.—1 quart broth; 4½ oz. meat, free from bone; 6 oz. bread.
Thursday.—1 quart broth; 8 oz. fish; 1½ lb. potatoes.
Friday.—1 quart broth; 8 oz. dumpling; 6 oz. bread.
Saturday.—1 quart broth; 4½ oz. meat, free from bone; 1½ lb. potatoes.

Supper.—On Sunday, Tuesday, Thursday, and Saturday, 6 oz. oatmeal in porridge, and ½ pint skimmed milk. On Monday, Wednesday, and Friday, 6 oz. bread; ⅕ oz. coffee; ½ oz. sugar; $\frac{1}{18}$ pint sweet milk. The same quantities are given to males and females.

Dietary of the Glasgow Royal Asylum.

No. V.

DIETARY OF THE GLASGOW ROYAL ASYLUM.

FIRST CLASS.—GENTLEMEN.
Per day.

Coffee.
14 oz. bread; 1 pint tea.
1 egg, or 3 oz. of ham.
1 oz. of fresh or salt butter.
1 gill sweet milk.
½ pint skimmed milk, } if patient is tak-
1½ pint porridge, } ing porridge.
2½ oz. rice each; or 1 lb. potatoes each; or 1 lb. split pease for every 5, for pease pudding.
8 oz. cooked meat, (roast, stewed, boiled, or in pies.)
1½ pint soup or broth.
½ pint beer or porter, if necessary.
½ pint beer, and ¼ lb. bread, or 1 biscuit, if patients get supper.
Mustard, pepper, and vegetables in season.
Pudding twice a week.
Private gentlemen,—roasts, stews, fowls, jelly, fruits in season, &c.
14 oz. cheese, weekly, for 1st class males.

FIRST CLASS.—LADIES.
Per day.

Coffee; if cocoa, ¼ lb. weekly.
¾ lb. bread; 1 pint of tea.
1 egg, or 2 oz. ham.
1 oz. of fresh or salt butter.
1 gill sweet milk.
½ pint skimmed milk, } if patient is tak-
1 pint porridge, } ing porridge.
2 oz. rice, or 1 lb. potatoes.
6 oz. cooked meat, (roast, stewed, boiled, or in pies.)
1 pint soup or broth.
½ pint table beer.
Mustard, pepper, vegetables in season.
Pudding twice a week.
Private ladies,—roasts, stews, fowls, tarts, jelly, fruits in season, &c.
7 oz. cheese, weekly, for 1st class females.

APPENDIX E., No. V.

DIETARY OF THE GLASGOW ROYAL ASYLUM—*continued.*

Lowest Scale.

Note.—The bread—loaf and roll—is all baked on the premises from the finest wheat flour.	Sunday.		Monday.		Tuesday.		Wednesday.		Thursday.		Friday.		Saturday.	
Breakfast.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Porridge,*	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints	2 pints
Butter-milk,	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint	½ pint
Bread,	4 oz.	2 oz.	4 oz.	2 oz.	4 oz.	2 oz.	4 oz.	2 oz.	4 oz.	2 oz.	4 oz.	2 oz.	4 oz.	2 oz.
Dinner.														
Pease-soup,	2 pints	2 pints	...	...	...	...	...	...	...	...	...	...	...	...
Broth,	...	...	2 pints	2 pints	2 pints	2 pints	2 pints	...	2 pints	2 pints	...	2 pints	2 pints	2 pints
Cooked beef,	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	4 oz.	...	4 oz.	4 oz.	...	4 oz.	4 oz.	4 oz.
Rice,	...	...	3 oz.	3 oz.	3 oz.	3 oz.	...	3 oz.	3 oz.	3 oz.	3 oz.	...	3 oz.	3 oz.
Sweet milk,	...	...	...	...	...	...	...	¾ pint	...	...	¾ pint	...	...	...
Bread,	4 oz.	4 oz.	...	...	...	...	4 oz.	4 oz.	...	...	4 oz.	4 oz.	...	...
	1 lb. potatoes twice a week, instead of bread or rice to dinner. Fish occasionally, instead of beef.													
Supper.														
Porridge,*	2 pints	...	2 pints	...	2 pints	...	2 pints	...	2 pints	..	2 pints	...	2 pints	...
Butter-milk,	½ pint	...	½ pint	...	½ pint	...	½ pint	...	½ pint	...	½ pint	...	½ pint	...
Tea,	...	1 pint	...	1 pint	...	1 pint	...	1 pint	...	1 pint	...	1 pint	...	1 pint
Bread,	...	6 oz.	...	6 oz.	...	6 oz.	...	6 oz.	...	6 oz.	...	6 oz.	...	6 oz.

Note.—In-door workers also receive at 12 o'clock, 4 oz. roll, and 1 oz. cheese ; out-door workers, 4 oz. roll, made of finest wheat flour. Those who have been placed on milk diet, or who prefer it, have 1 pint sweet milk, and 2 oz. rice or sago, and sugar along with it.

* Made from 5½ oz. oatmeal.

Appendix E. VI.

Dietary of the Montrose Royal Asylum.

No. VI.

DIETARY OF THE MONTROSE ROYAL ASYLUM.

Pauper Patients.

Dinner.

Animal Food.—Mutton, beef, fish, pork, 4 oz. of any one, four days per week, cooked and without bone.

Soups.—Scotch broth 4 days a week; rice and milk 2 days a week *in summer;* or potato soup 2 days a week *in winter;* pease-soup 1 day a week; quantity unlimited.

Bread.—8 oz. of seconds bread to males, and 6 oz. to females, every day.

Vegetables in season.

Breakfast.

Males.—1 quart of porridge, and ½ pint milk.

Females.—Tea or coffee, with 6 oz. fine bread and butter; porridge, if preferred.

Supper.

Males.—Same as in the morning; or, as a substitute, tea or coffee, with 8 oz. fine bread and butter.

Females.—Same as in the morning; or porridge and milk if preferred.

Extras.

On the three days a week on which there is no animal food, flour and oatmeal puddings are supplied to working patients only.

Bread, cheese, and beer are supplied to patients at laundry, on washing days only. The same to patients who assist at house-washing.

The quantities indicated are those theoretically given: the principal guide to both kind and quantity being in reality the wishes of the patient.

As the dietary at present exists, it is a considerable improvement upon what previously obtained. It is in a state of transition; the intention being, as soon as convenient, to reduce it to a fixed quantity, weighed and measured in the usual way.

Private Patients.

There is no regulated diet for private patients. It is, however, not only abundant, but luxurious. Latterly it has been considered absolutely necessary to curtail it, in order to place it more in accordance with the payments made by patients.

APPENDIX E., No. VII.

DIETARY TABLES OF JAMES MURRAY'S ROYAL ASYLUM, PERTH.

First Class.

	BREAKFAST.				DINNER.																						SUPPER.									
	Males.		Females.		Males.											Females.											Males.					Females.				
	Porridge.	Milk.	Porridge.	Milk.	Broth or Soup.	Cooked Meat.	Meat or Fruit Pies.	Rice Pudding.	Cheese.	Meal Pudding.	Fish.	Rice.	Bread.	Potatoes.	Milk.	Beer.	Broth or Soup.	Cooked Meat.	Meat or Fruit Pies.	Rice Pudding.	Cheese.	Meal Pudding.	Fish.	Rice.	Bread.	Potatoes.	Milk.	Beer.	Porridge.	Milk.	Tea.	Bread.	Butter.	Porridge.	Milk.	Tea.	Bread.	Butter.
	pt.	pt.	pt.	pt.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.	pt.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.	pt.	pt.	pt.	oz.	oz.	pt.	pt.	pt.	oz.	oz.
Sunday, ...	2	½	1½	½	2	..	..	..	4	..	.	..	6	..	..	½	1½	..	..	..	3	..	..	..	5	..	..	½	..	..	1	6	½	..	..	1	5	½
Monday, ...	2	½	1½	½	2	4	..	..	..	..	..	2	..	..	..	..	1½	3	..	..	..	..	..	2	..	..	..	..	2	½	..	..	..	1½	½	..	..	..
Tuesday, ...	2	½	1½	½	2	..	..	..	..	8	..	..	3	..	..	..	1½	..	..	..	..	7	..	..	2½	..	..	..	2	½	..	..	..	1½	½	..	..	..
Wednesday, ...	2	½	1½	½	2	..	16	..	..	..	..	..	..	..	..	..	1½	..	14	..	..	..	..	..	..	..	..	..	2	½	..	..	..	1½	½	..	..	..
Thursday, ...	2	½	1½	½	2	..	..	14	..	..	..	..	..	..	½	..	1½	..	..	12	..	..	..	..	..	..	½	..	2	½	..	..	..	1½	½	..	..	..
Friday, ...	2	½	1½	½	2	..	..	..	..	..	8	..	..	16	..	..	1½	..	..	..	..	..	8	..	..	16	..	..	2	½	..	..	..	1½	½	..	..	..
Saturday, ...	2	½	1½	½	2	4	..	..	..	..	..	2	..	..	..	..	1½	3	..	..	..	..	..	2	..	..	..	..	2	½	..	..	..	1½	½	..	..	..
Total, .	14	3½	10½	3½	14	8	16	14	4	8	8	4	9	16	½	½	10½	6	14	12	3	7	8	4	7½	16	½	½	12	3	1	6	½	9	3	1	5	½

APPENDIX E., No. VII.

DIETARY OF JAMES MURRAY'S ROYAL ASYLUM, PERTH—*continued.*

SECOND CLASS.

	BREAKFAST AND TEA.						DINNER.																					
	GENTLEMEN.			LADIES.			GENTLEMEN.										LADIES.											
	Coffee.	Bread.	Butter.	Coffee.	Bread.	Butter.	Broth or soup.	Roast meat.	Boiled meat.	Irish stew.	Fish.	Pudding.	Bread.	Rice.	Potatoes.	Beer.	Meat or fruit pies.	Vegetables.	Broth or soup.	Roast meat.	Boiled meat.	Irish stew.	Fish.	Pudding.	Rice and milk.	Bread.	Rice.	Potatoes.	Meat or fruit pies.	Vegetables.
	pt.	oz.	oz.	pt.	oz.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.	pt.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.
Sunday, ...	1	7	½	1	5	½	1	6	...	...	...	...	2	2	...	½	...	...	1	4	...	...	...	...	...	2	2	...	...	...
Monday, ...	1	7	½	1	5	½	1	...	6	...	...	...	2	...	...	½	...	10	1	...	4	...	...	...	...	2	...	...	...	8
Tuesday, ...	1	7	½	1	5	½	1	3	...	...	...	10	4	...	...	½	...	4	1	...	...	...	...	...	16	2	...	...	...	...
Weduesday, ...	1	7	½	1	5	½	1	...	6	...	...	...	2	...	16	½	...	...	1	...	4	...	...	...	...	2	...	12	...	...
Thursday, ...	1	7	½	1	5	½	1	...	...	10	...	...	2	...	...	½	...	10	1	...	...	8	...	...	...	2	...	...	...	8
Friday, ...	1	7	½	1	5	½	1	...	3	...	6	...	2	...	16	½	...	...	1	...	...	...	6	6	...	2	...	8	...	...
Saturday, ...	1	7	½	1	5	½	1	...	...	...	...	...	2	2	...	½	8	4	1	...	...	...	...	...	...	2	2	...	6	4
Total,...	7	49	3½	7	35	3½	7	9	15	10	6	10	16	4	32	3½	8	28	7	4	8	8	6	6	16	14	4	20	6	20

APPENDIX E., No. VII.

DIETARY OF JAMES MURRAY'S ROYAL ASYLUM, PERTH—*continued.*

THIRD AND FOURTH CLASS.

	BREAKFAST AND TEA.*						DINNER.†																							
	GENTLEMEN.			LADIES.			GENTLEMEN.													LADIES.											
	Coffee.	Bread.	Butter.	Coffee.	Bread.	Butter.	Broth or soup.	Roast meat.	Boiled meat.	Irish stew.	Meat or fruit pies.	Fish.	Tarts.	Pudding.	Cheese.	Bread.	Rice.	Potatoes.	Beer.	Vegetables.	Broth or soup.	Roast meat.	Boiled meat.	Irish stew.	Meat or fruit pies.	Fish.	Tarts.	Pudding.	Bread.	Rice.	Potatoes.	Vegetables.
	pt.	oz.	oz.	pt.	oz.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	pt.	oz.	pt.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz	oz.	oz.
Sunday,.....	1	7	½	1	5	½	1	6	...	...	...	...	4	...	...	2	2	...	½	...	1	4	...	...	...	...	3	...	2	2	...	...
Monday, ...	1	7	½	1	5	½	1	...	8	...	...	...	...	...	2	2	2	...	½	4	1	...	6	...	...	...	...	...	2	2	...	4
Tuesday, ...	1	7	½	1	5	½	1	...	...	12	...	...	...	...	...	4	...	...	½	8	1	...	...	10	...	...	...	...	4	...	...	6
Wednesday,	1	7	½	1	5	½	1	...	8	...	...	...	...	...	...	2	...	16	½	...	1	...	6*	...	...	...	...	...	2	...	12	...
Thursday, ...	1	7	½	1	5	½	1	...	...	...	10	...	...	4	...	2	2	...	½	8	1	...	...	...	8	...	...	3	2	2	...	6
Friday, ...	1	7	½	1	5	½	1	4	...	...	...	6	...	...	...	2	...	16	½	...	1	3	...	...	...	4	...	...	2	...	12	...
Saturday, ...	1	7	½	1	5	½	1	...	8	...	...	...	...	...	...	2	2	...	½	8	1	...	6	...	...	...	...	...	2	2	...	6
Total,...	7	49	3½	7	35	3½	7	10	24	12	10	6	4	4	2	16	8	32	3½	28	7	7	18	10	8	4	3	3	16	8	24	22

* With the addition, according to the rate of payment, of eggs, ham, cold meat, or fish.
Patients paying the fifth rate, and upwards, are entitled to a separate table, and a greater variety in their dietary, besides fruit, dessert, and wine.

† With the addition, according to the rate of payment, of fruit and dessert.

APPENDIX E., No. VIII.
DIETARY OF THE ELGIN PAUPER LUNATIC ASYLUM.

Breakfast.		Dinner.		Supper.	
Males.	Females.	Males.	Females.	Males.	Females.
1½ pint porridge.	1¼ pint porridge.	4 oz. beef, (without bone.)	3 oz. beef, (without bone.)	1½ pint porridge.	1¼ pint porridge.
1 pint milk or beer.	¾ pint milk or beer.	1½ pint broth.	1¼ pint broth.	1 pint milk or beer.	¾ pint milk or beer.
or	or	6 oz. bread.	6 oz. bread.		or
1 pint of tea.	1 pint of tea.	1 lb. vegetables.	½ lb. vegetables.		1 pint tea.
12 oz. bread.	6 oz. bread.				6 oz. bread.

Male patients daily at out-door work get, at twelve o'clock, 1 pint of milk or beer, and 6 oz. of bread.
The females get the same when they are working in the field.
Feeble and sick patients get whatever is ordered by the medical officers.

No. IX.

RULES FOR THE BOARD OF SUPERVISION FOR REGULATING DIETARIES OF POORHOUSES.

I. Extract from the Rules and Regulations for the Management of Poorhouses, prepared and sanctioned by the Board of Supervision for the Relief of the Poor, 3d January 1850, and obligatory in all poorhouses in which insane or fatuous paupers are maintained, except in the poorhouses after named.

Diet of the inmates.

The dietary of the poorhouse shall be framed in accordance with the following rules:—

(1.) No article of diet which is not of good quality, and in a wholesome state, shall be issued, prepared for, or given to any inmate.

(2.) The inmates—not under medical treatment—shall be divided, for the purposes of diet, into seven classes, viz.:—

Class A.—Aged persons of either sex, who are healthy, but who are not working.

Class B.—Adults of either sex, who are healthy, but not working, and who are not aged persons; and children, of either sex, above 8 and not above 15 years of age.

Class C.—Adult persons, of either sex, who are working.

Class D.—Infirm persons of either sex.

Class E.—Children above 5 and not above 8 years of age.

Class F.—Children above 2 and not above 5 years of age.

Class G.—Infants not above 2 years of age.

(3.) To each of these Classes, except Class G, three meals a day shall be allowed, which shall consist of—

For Class A.—First Rate.

Breakfast.—Meal 3 oz.; and milk, ½ pint imperial.
Dinner.—Bread, 6 oz.; and broth, 1½ pint imperial.
Supper.—Meal, 3 oz.; and milk, ½ pint imperial.

For Class B.*—Second Rate.

Breakfast.—Meal, 4 oz.; and milk, ¾ pint imperial.
Dinner.—Bread, 8 oz.; and broth, 1½ pint imperial.
Supper.—Meal, 4 oz.; and milk, ¾ pint imperial.

* The diet of the insane in poorhouses is, as a general rule, according to this class. The patients, it is true, are occasionally said to receive a fuller diet, but this is only partially the case. The practice of receiving the insane into poorhouses, for curative treatment, has been established since the tables of the Board of Supervision were drawn up, and no modification of them has hitherto been made, with reference to this class of inmates. It is undoubtedly in the power of any parochial board, under the advice of their medical officer, to order an increased diet for their insane patients; but the subject is one of too great importance to justify its being left to this uncertain regulation.

Appendix E. IX. — Dietaries of Poorhouses.

For Class C.—Third Rate.

Breakfast.—Meal, 4 oz.; and milk, ¾ pint imperial.
Dinner.—Bread, 8 oz.; broth, 1½ pint imperial; and boiled meat, 4 oz.
Supper.—Meal, 4 oz.; and milk, ¾ pint imperial.

For Class D.—Fourth Rate.

Breakfast.—Meal, 4 oz.; and skimmed milk, ¾ pint imperial.
Dinner.—Bread, 6 oz.; and rice-soup, 1½ pint imperial.
Supper.—Bread, 6 oz.; and tea, ½ pint imperial.

For Class E.—Fifth Rate.

Breakfast.—Meal, 4 oz.; and milk, ¾ pint imperial.
Dinner.—Bread, 6 oz.; and broth, 1 pint imperial.
Supper.—Meal, 3 oz; and milk, ½ pint imperial.

For Class F.—Sixth Rate.

Breakfast.—Meal, 3½ oz.; and new milk, ½ pint imperial.
Dinner.—Bread, 5 oz.; and broth, ¾ pint imperial.
Supper.—Meal, 3 oz.; and new milk, ½ pint imperial.

For Class G.—Seventh Rate.

Not less than 8 oz. of white leavened bread, or 7 oz. of meal, and 1 pint imperial of new milk, daily, to be prepared in such manner, and given at such times, as the medical officer shall recommend.

The meal may be either oatmeal or Indian meal, or a mixture of these two kinds.

The milk may be butter-milk, where new milk or skimmed milk is not specified.

The bread in the first six rates may be of such sort as is generally used by the labouring population, in the parish or parishes to which the poorhouse belongs.

The broth shall be made with 2 oz. of meat, exclusive of bone, 2 oz. of barley, ½ oz. of pease, 1½ oz. of carrots, turnips, or other vegetables approved by the medical officer, and a due quantity of salt, for each ration of 1½ pint imperial; and for other quantities in the like proportions.

The rice-soup for Class D, or fourth rate, shall be so made, that for each ration for an infirm inmate, there shall be 4 oz. of meat, which shall be left in the soup or not, as the medical officer shall direct, in each case; rice, 1½ oz.; vegetables, 2 oz.; salt and pepper, the due quantity.

The tea for Class D, or fourth rate, shall be made with sugar, ½ oz., new milk, 1 oz., and tea, ⅛ oz.; for each ½ pint imperial.

In the first, second, and third rates, there may be substituted, not more than three times a week, for the broth at

dinner, 1½ imperial pint of pease-soup, made with 2 oz. of whole or split pease, 1½ oz. of pease-flour, 1 oz. of vegetables, and a due proportion of salt and pepper.

In the first, second, and third rates, there may be substituted, not more than once a week, for the broth at dinner, 3 oz. of skimmed milk cheese; and, for the broth and meat together, 4½ oz.

In the first and second rates, there may be substituted, not more than twice a week, for the broth at dinner, 8 oz. of white fish; and in the third rate, 12 oz. of white fish, for the broth and meat together.

In the first rate, there may be substituted, not more than twice a week, for the bread and broth at dinner, 1½ lb. of boiled potatoes, with ¾ pint imperial of skimmed milk; and in the second and third rates, 2 lbs. of boiled potatoes, with ¾ imperial pint of skimmed milk; and in the third rate, for the bread, broth, and meat together, 3 lbs. of boiled potatoes, with 1 imperial pint of skimmed milk.

The House Committee may, under the written advice of the medical officer or medical officers, and by an order entered in the minutes of their proceedings, direct the use of other articles, in other proportions than the above, whenever the scarcity of any article, the season of the year, or any circumstance affecting the sanitary condition of the inmates, shall be deemed to justify such changes; but in any such change, there shall be no diminution of the amount of nutriment, or of the proportion of nitrogenous or azotized nutriment required by these rules, unless with the previous consent of the Board of Supervision.

The diet for any inmate who is under medical treatment, shall be such as the medical officer shall prescribe for him, and shall enter in a book to be kept for that purpose, called the "Medical Officer's Sick-diet Book," which shall be submitted to the House Committee at every ordinary meeting.

II. In the Glasgow City Poorhouse the foregoing diet-table is in use, with the following variations, approved temporarily by the Board of Supervision, 7th December 1854.

The diet of Class A. is made the same as that of Class B.

Class D. instead of being allowed butter twice a week, is allowed four ounces of butter, weekly, for tea.

III. Dietary of St. Cuthbert's Workhouse, approved by the Board of Supervision, 12th June 1852.

At breakfast, each inmate shall receive 4 oz. of oatmeal, made into porridge, with 10 oz. of butter-milk; or, if they prefer it, 15 oz. of beer.

At dinner, the broth served out to the whole inmates (425 in

Appendix E. IX. Dietaries of Poorhouses.

number) shall be prepared from 40 lbs. of ox-heads; 53½ lbs. houghs, naps, and necks; 46½ lbs. barley; 13 lbs. pease; and 41 lbs. of carrots, turnips, leeks, and cabbages or greens, with 6½ oz. of bread to each inmate. For every five additional inmates above this number, relative proportions of the ingredients shall be added.

Note.—The inmates classed as sick and infirm, do not consume all the rations of ordinary diet served out to them; this surplus is divided among the ordinary inmates, who thus receive more than the regulated allowance.

Table of Ordinary Daily Diet of each Inmate.

	Rough Weight.	Dry Nutriment.
Ox-heads,	1.5 oz.	
Houghs, naps, and necks,	2. ,,	
	3.50 oz.	0.52 oz.
Barley,	1.75 ,,	= 1.42 ,,
Pease,	0.50 ,,	= 0.44 ,,
Vegetables,	1.50 ,,	= 0.14 ,,
Bread,	6.50 ,,	= 4.06 ,,
Oatmeal,	8.00 ,,	6.66 ,,
Butter-milk,	20.00 ,,	= 1.82 ,,
Or Beer 30 oz.		
	41.75 oz.	15.06 oz.

Tabular view of each Meal.

Breakfast,	Oatmeal,		4 oz.
	Butter-milk, ½ imperial pint,		10 ,,
	Or beer, ¾ imperial pint,		15 ,,
Dinner,	Bread,		6½ ,,
	Ox-heads, houghs, naps, and necks,		3¼ ,,
	Broth, 1 quart,	Barley,	1¾ ,,
		Pease,	½ ,,
		Vegetables,	1½ ,,
Supper,	Oatmeal,		4 ,,
	Butter-milk, ½ imperial pint,		10 ,,
	Or beer, ¾ imperial pint,		15 ,,

The preceding table of allowances is exclusive of all extras to sick and other inmates, which are provided according to the following regulations:—

The healthy, and those who work, shall receive at breakfast, dinner, and supper, additional rations, when applied for.

The children shall each receive 3¼ oz. additional bread every day at four o'clock, P.M.

The infirm sick shall receive the same rations as the other inmates, if they choose to take them, with the addition of tea morning and evening, made with ¼ oz. of tea, ½ oz. of sugar, and 2 oz. of sweet milk for every three patients; together with 6½ oz. of additional bread, one-half to be given in the morning, and the other half in the evening.

At dinner, the sick and infirm inmates, at present 40 in number, shall have beef-tea, made from 20 lbs. of houghs, in quantities of ½ mutchkin to each.

Wine and other cordials shall be supplied to this class, according to the orders of the surgeon, to be given in writing, in terms of the following regulation:—

It shall be competent for the medical officer to order cordials or nutritious diet for such of the inmates as may be under medical treatment, and to discontinue the same when not longer necessary, which orders he shall give in writing, in a book to be kept for that purpose.

No. X.

DIETARY OF THE LUNATIC WARDS OF GENERAL PRISON, PERTH.

Dietary of the Lunatic Wards of General Prison, Perth.

Ordinary Diet.

Breakfast.—Males:—8 oz. oatmeal, ⅜ pint sweet milk or 12, oz. bread, ⅛ pint sweet milk, $\frac{5}{16}$ oz. coffee 1 oz. sugar.

Females:—8 oz. oatmeal, ½ pint sweet milk, ⅛ oz. tea, 1 oz. sugar; or 8 oz. bread, ⅛ pint sweet milk, ⅛ oz. tea, 1 oz. sugar.

Supper.— Males:—6 oz. oatmeal, ½ pint butter milk; or 12 oz. bread, ⅛ pint sweet milk, $\frac{5}{16}$ oz. coffee, 1 oz. sugar.

Females:—8 oz. bread, ⅛ pint sweet milk, ⅛ oz. tea, 1 oz. sugar.

Dinner.

Sunday.— Males:—12 oz. bread, ¼ pint sweet milk, 4 oz. barley.

Females:—8 oz. bread, ¼ pint sweet milk, 4 oz. barley.

Monday.— Males:—12 oz. bread, 2 oz. ox-heads, 3 oz. barley, 1 oz. pease.

Females:—8 oz. bread, 2 oz. ox-heads, 3 oz. barley, 1 oz. pease.

Appendix E. X. — Dietary of the Lunatic Wards of General Prison, Perth.

Tuesday, *Thursday*, *Saturday*, *Friday*.—
Males —12 oz. bread, 2 oz. ox-heads, 4 oz. beef or mutton, 3 oz. barley, 1 oz. pease.
Females :—8 oz. bread, 2 oz. ox-heads, 4 oz. beef or mutton, 3 oz. barley, 1 oz. pease.
Males :—12 oz. fish, 2½ lbs. potatoes.
Females :—12 oz. fish, 2 lbs. potatoes.
This diet is varied in particular cases.

APPENDIX F.

Returns of Admissions, Discharges, and Deaths of Patients, in Public Asylums, Private Licensed Houses, and Poorhouses, in which at least 25 Patients were resident, in the years 1850, 1851, 1852, 1853 and 1854.

I.—*Public Asylums.*

No. 1. Aberdeen Royal Lunatic Asylum.
2. Dumfries Royal Lunatic Asylum.
3. Dundee Royal Lunatic Asylum.
4. Edinburgh Royal Lunatic Asylum.
5. Glasgow Royal Lunatic Asylum.
6. Montrose Royal Lunatic Asylum.
7. Perth Royal Lunatic Asylum.
8. Elgin Pauper Asylum.

II.—*Private Licensed Houses.*

9. Hallcross House, Musselburgh.
10. Hawkfield House, Leith.
11. Hillend House, Greenock.
12. Lilybank House, Musselburgh.
13. Langdale House, Bothwell.
14. Millholme House, Musselburgh.
15. Newbigging House, Musselburgh.
16. Saughtonhall Asylum, Edinburgh.
17. Whitehouse Asylum, Musselburgh.

III.—*Poorhouses.*

18. Abbey Parish Poorhouse, Paisley.
19. Aberdeen Poorhouse.
20. Barony Parish Poorhouse, Glasgow.
21. Edinburgh City Workhouse.
22. Glasgow City Workhouse.
23. St. Cuthbert's Workhouse, Edinburgh.

Appendix F. No. 1.

Aberdeen Royal Asylum.

1. ABERDEEN ROYAL ASYLUM.*

Private and Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	27	42	69
1851, ...	36	49	85
1852, ...	51	44	95
1853, ...	52	55	107
1854, ...	21	44	65
Totals,...	187	234	421

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	11	21	32	13	8	21	10	7	17
1851, ...	11	21	32	3	7	10	11	9	20
1852, ...	22	20	42	10	4	14	10	8	18
1853, ...	24	30	54	12	7	19	12	9	21
1854, ...	11	28	39	3	10	13	14	5	19
Totals,	79	120	199	41	36	77	57	38	95

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	117	108	225	117	117	234	120	126	246	132	137	269	134	147	281
Average Numbers	119	110	229	116	122	238	125	130	255	134	142	276	133	149	282

* The return from this Asylum does not distinguish between private and pauper patients.

Appendix F. No. 2.

Dumfries Royal Asylum: Crichton Institution.

2. DUMFRIES ROYAL ASYLUM—CRICHTON INSTITUTION.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	10	7	17
1851, ...	18	19	37
1852, ...	15	21	36
1853, ...	24	9	33
1854, ...	23	10	33
Totals,...	90	66	156

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.*			Died.		
	M.	F.	T.	M.	F.	T.
1850, ...	11	5	16	1	4	5
1851, ...	9	7	16	6	3	9
1852, ...	13	11	24	4	5	9
1853, ...	8	13	21	1	1	2
1854, ...	17	6	23	8	7	15
Totals,	58	42	100	20	20	40

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	56	44	100	53	43	96	56	52	108	57	54	111	69	52	121
Average Numbers	56	44	100	57	46	103	54	55	109	62	57	119	68	52	120

* The returns from this Institution do not distinguish between patients discharged recovered, and those not recovered.

2. DUMFRIES ROYAL ASYLUM—SOUTHERN COUNTIES ASYLUM.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	24	25	49
1851, ...	21	19	40
1852, ...	61	46	107
1853, ...	32	48	80
1854, ...	40	31	71
Totals,...	178	169	347

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.*			Died.		
	M.	F.	T.	M.	F.	T.
1850, ...	8	17	25	3	5	8
1851, ...	8	16	24	1	5	6
1852, ...	20	19	39	6	6	12
1853, ...	17	29	46	5	7	12
1854, ...	29	16	45	6	2	8
Totals,	82	97	179	21	25	46

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	41	37	78	54	41	95	66	39	105	101	62	163	111	74	185
Average Numbers	50	37	87	57	38	95	87	50	137	102	69	171	116	77	193

* The returns from this Institution do not distinguish between patients discharged recovered, and those not recovered.

Appendix F. No. 3.

Dundee Royal Asylum.

3. DUNDEE ROYAL ASYLUM.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	10	5	15
1851, ...	2	5	7
1852, ...	4	6	10
1853, ...	8	4	12
1854, ...	5	6	11
Totals,...	29	26	55

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	2	4	6	1	3	4	3	0	3
1851, ...	1	1	2	1	2	3	4	1	5
1852, ...	4	5	9	0	1	1	1	1	2
1853, ...	1	1	2	2	1	3	1	2	3
1854, ...	4	2	6	1	1	2	0	3	3
Totals,	12	13	25	5	8	13	9	7	16

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	20	19	39	19	24	43	20	20	40	18	20	38	18	21	39
Average Numbers	19	22	41	22	22	44	18	21	39	17	20	37	19	19	38

3. DUNDEE ROYAL ASYLUM.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	22	20	42
1851, ...	17	16	33
1852, ...	19	14	33
1853, ...	18	11	29
1854, ...	21	19	40
Totals,...	97	80	177

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	9	9	18	9	8	17	9	2	11
1851, ...	15	7	22	2	4	6	1	4	5
1852, ...	6	8	14	4	4	8	3	4	7
1853, ...	6	11	17	2	1	3	6	3	9
1854, ...	8	7	15	5	7	12	6	2	8
Totals,	44	42	86	22	24	46	25	15	40

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	89	73	162	88	73	161	82	76	158	87	74	161	87	72	159
Average Numbers	89	74	163	85	76	161	84	77	161	89	75	164	92	73	165

Appendix F. No. 4.

Edinburgh Royal Asylum.

4. EDINBURGH ROYAL ASYLUM.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	51	29	80
1851, ...	38	44	82
1852, ...	31	43	74
1853, ...	42	38	80
1854, ...	33	27	60
Totals,...	195	181	376

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	22	20	42	12	9	21	5	11	16
1851, ...	18	18	36	15	10	25	6	7	13
1852, ...	12	17	29	10	11	21	5	5	10
1853, ...	23	14	37	11	16	27	12	10	22
1854, ...	14	19	33	17	8	25	3	4	7
Totals,	89	88	177	65	54	119	31	37	68

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	65	79	144	77	68	145	76	77	153	80	87	167	76	85	161
Average Numbers	74	75	149	79	76	155	74	82	156	77	87	164	77	86	163

Appendix F. No. 4.

Edinburgh Royal Asylum,

4. EDINBURGH ROYAL ASYLUM.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	75	98	173
1851, ...	94	72	166
1852, ...	98	75	173
1853, ...	61	95	156
1854, ...	65	87	152
Totals,...	393	427	820

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	25	44	69	19	15	34	21	27	48
1851, ...	34	49	83	20	16	36	25	12	37
1852, ...	46	26	72	16	18	34	25	29	54
1853, ...	35	36	71	10	12	22	24	31	55
1854, ...	14	47	61	30	18	48	21	23	44
Totals,	154	202	356	95	79	174	116	122	238

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	159	172	331	169	184	353	184	179	363	195	181	376	187	197	384
Average Numbers	164	180	344	177	185	362	194	184	378	196	192	388	186	202	388

Appendix F. No. 5.

Glasgow Royal Asylum.

5. GLASGOW ROYAL ASYLUM.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	69	61	130
1851, ...	48	55	103
1852, ...	54	49	103
1853, ...	73	61	134
1854, ...	55	55	110
Totals,...	299	281	580

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	31	22	53	28	21	49	6	5	11
1851, ...	16	25	41	20	13	33	14	6	20
1852, ...	30	19	49	18	20	38	10	6	16
1853, ...	21	36	57	23	15	38	12	12	24
1854, ...	26	21	47	23	24	47	9	12	21
Totals,	124	123	247	112	93	205	51	41	92

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	46	37	83	41	37	78	57	45	102	54	47	101	63	44	107
Average Numbers	45	36	81	50	42	92	54	46	100	56	47	103	59	49	108

5. GLASGOW ROYAL ASYLUM.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	125	138	263
1851, ...	92	64	156
1852, ...	87	76	163
1853, ...	93	92	185
1854, ...	68	62	130
Totals,...	465	432	897

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	53	65	118	104	90	194	10	20	30
1851, ...	40	38	78	35	27	62	16	6	22
1852, ...	43	36	79	30	27	57	21	13	34
1853, ...	21	53	74	32	21	53	23	13	36
1854, ...	34	35	69	33	30	63	23	18	41
Totals,	191	227	418	234	195	429	93	70	163

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	218	184	402	186	161	347	168	157	325	159	158	317	195	180	375
Average Numbers	214	186	400	164	151	315	160	151	311	167	167	334	177	170	347

Appendix F. No. 6.

Montrose Royal Asylum

6. MONTROSE ROYAL ASYLUM.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	7	1	8
1851, ...	4	6	10
1852, ...	3	4	7
1853, ...	3	3	6
1854, ...	9	5	14
Totals,...	26	19	45

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	3	0	3	1	1	2	2	1	3
1851, ...	0	1	1	3	2	5	3	1	4
1852, ...	2	0	2	0	0	0	1	1	2
1853, ...	2	1	3	1	0	1	1	0	1
1854, ...	3	2	5	4	0	4	3	2	5
Totals,	10	4	14	9	3	12	10	5	15

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	21	19	40	22	18	40	19	19	38	19	21	40	18	23	41
Average Numbers	22	18	40	20	19	39	19	20	39	18	22	40	17	23	40

6. MONTROSE ROYAL ASYLUM.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	23	26	49
1851, ...	29	21	50
1852, ...	28	31	59
1853, ...	30	30	60
1854, ...	22	26	48
Totals,...	132	134	266

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	7	11	18	3	1	4	6	7	13
1851, ...	11	10	21	7	2	9	10	0	10
1852, ...	3	8	11	5	4	9	10	6	16
1853, ...	8	17	25	2	3	5	11	5	16
1854, ...	14	14	28	7	7	14	9	8	17
Totals,	43	60	103	24	17	41	46	26	72

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	53	46	99	60	55	115	62	65	127	72	79	151	81	84	165
Average Numbers	54	53	107	62	57	119	65	71	136	78	80	158	78	83	161

Appendix F. No. 7.

Royal Asylum, Perth.

7. JAMES MURRAY'S ROYAL ASYLUM, PERTH.*

Private and Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	19	27	46
1851, ...	20	22	42
1852, ...	10	18	28
1853, ...	17	22	39
1854, ...	20	16	36
Totals,...	86	105	191

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	11	13	24	3	1	4	4	8	12
1851, ...	4	15	19	5	7	12	5	5	10
1852, ...	6	9	15	3	7	10	7	3	10
1853, ...	6	8	14	3	4	7	10	3	13
1854, ...	5	10	15	6	...	6	6	5	11
Totals,	32	55	87	20	19	39	32	24	56

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	92	72	164	91	75	166	93	71	164	90	74	164	88	73	161
Average Numbers	90	75	165	95	72	167	91	72	163	91	76	167	84	68	152

* The return from this Asylum does not distinguish between private and pauper patients.

8. ELGIN PAUPER LUNATIC ASYLUM.

Admissions, including Re-admissions.

Years.	Males.	Females.	Total.
1850, ...	4	2	6
1851, ...	8	8	16
1852, ...	8	4	12
1853, ...	4	5	9
1854, ...	8	12	20
Totals,...	32	31	63

Discharges, Removals, and Deaths.

Years.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	1	3	4	...	2	2	1	...	1
1851, ...	1	2	3	1	2	3	1	...	1
1852, ...	3	2	5	...	2	2	3	...	3
1853, ...	2	4	6	...	...	...	3	3	6
1854, ...	6	4	10	1	2	3	1	3	4
Totals,	13	15	28	2	8	10	9	6	15

Numbers of Patients on the 1st January, and Average Numbers in each year.

Month.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 Jannary,	14	15	29	14	13	27	18	18	36	19	19	38	20	16	36
Average Numbers	14	14	28	15	16	31	18	17	35	19	18	37	20	16	36

Appendix F. No. 9.

Hallcross House, Musselburgh.

9. HALLCROSS HOUSE, MUSSELBURGH.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	17	20	37
1851, ...	6	15	21
1852, ...	4	9	13
1853, ...	7	6	13
1854, ...	5	8	13
Totals,...	39	58	97

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	1	2	3	2	3	5	1	3	4
1851, ...	2	6	8	2	2	4	1	2	3
1852, ...	2	1	3	2	5	7	1	...	1
1853, ...	3	6	9	2	2	4	2	...	2
1854, ...	1	4	5	7	3	10	2	...	2
Totals,	9	19	28	15	15	30	7	5	12

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	17	21	38	32	33	65	31	37	68	31	43	74	32	41	73
Average Numbers	23	25	48	30	36	66	31	40	71	31	41	72	31	40	71

10. HILLEND HOUSE, GREENOCK.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	7	6	13
1851, ...	12	11	23
1852, ...	16	18	34
1853, ...	17	22	39
1854, ...	32	22	54
Totals,...	84	79	163

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	3	4	7	6	6	12	1	2	3
1851, ...	4	7	11	3	3	6	5	1	6
1852, ...	8	9	17	6	7	13	2	3	5
1853, ...	9	11	20	4	5	9	6	8	14
1854, ...	14	13	27	8	9	17	9	1	10
Totals,	38	44	82	27	30	57	23	15	38

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	37	50	87	37	45	82	37	46	83	36	45	81	34	43	77
Average Numbers	37	48	85	36	46	82	34	40	74	36	46	82	35	44	79

Appendix F. No. 11.

Hawkfield House, Leith.

11. HAWKFIELD HOUSE, LEITH.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	...	1	1
1851, ...	...	2	2
1852, ...	3	3	6
1853, ...	2	2	4
1854, ...	1	2	3
Totals,...	6	10	16

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	...	1	1	1	1	2	...	...	...
1851, ...	...	...	...	...	...	...	...	...	...
1852, ...	...	2	2	1	...	1	...	2	2
1853, ...	1	...	1	1	1	2	...	...	...
1854, ...	1	...	1	...	...	...	...	...	...
Totals,	2	3	5	3	2	5	...	2	2

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	13	14	27	12	13	25	12	15	27	14	14	28	14	15	29
Average Numbers	12	14	26	12	13	25	13	16	29	15	14	29	15	15	30

12. LILYBANK HOUSE, MUSSELBURGH.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	13	17	30
1851, ...	12	9	21
1852, ...	9	10	19
1853, ...	4	2	6
1854, ...	21	19	40
Totals,...	59	57	116

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	2	5	7	...	...	...	1	1	2
1851, ...	1	1	2	...	...	...	3	...	3
1852, ...	5	8	13	1	...	1	2	3	5
1853, ...	1	2	3	1	...	1	6	1	7
1854, ...	...	...	...	...	...	...	4	6	10
Totals,	9	16	25	2	...	2	16	11	27

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	7	8	15	17	16	33	26	26	52	27	25	52	24	23	47
Average Numbers	10	14	24	17	18	35	27	25	52	27	25	52	32	31	63

Appendix F. No. 13.

Langdale Asylum, Bothwell.

13. LANGDALE ASYLUM, BOTHWELL.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	31	19	50
1851, ...	21	14	35
1852, ...	26	31	57
1853, ...	24	22	46
1854, ...	17	17	34
Totals,...	119	103	222

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	5	1	6	1	2	3	4	...	4
1851, ...	6	5	11	6	3	9	5	2	7
1852, ...	11	12	23	7	5	12	4	2	6
1853, ...	13	11	24	4	2	6	7	3	10
1854, ...	8	10	18	5	3	8	4	3	7
Totals,	43	39	82	23	15	38	24	10	34

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	...	...	...	19	17	36	27	19	46	29	29	58	33	34	67
Average Numbers	12	7	19	26	20	46	29	28	57	30	30	60	35	37	72

14. MILLHOLME HOUSE, MUSSELBURGH.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	3	8	11
1851, ...	5	12	17
1852, ...	3	8	11
1853, ...	3	9	12
1854, ...	8	6	14
Totals,...	22	43	65

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	3	6	9	1	1	2	1	1	2
1851, ...	1	7	8	1	...	1	...	1	1
1852, ...	...	3	3	...	...	...	...	4	4
1853, ...	1	5	6	1	...	1	2	1	3
1854, ...	3	4	7	...	...	...	3	2	5
Totals,	8	25	33	3	1	4	6	9	15

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	15	18	33	15	20	35	17	24	41	21	22	43	21	25	46
Average Numbers	15	18	33	17	23	40	19	23	42	21	24	45	22	24	46

Appendix F. No. 15.

Newbigging House, Musselburgh.

15. NEWBIGGING HOUSE, MUSSELBURGH.

Pauper Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	6	13	19
1851, ...	9	8	17
1852, ...	10	4	14
1853, ...	8	10	18
1854, ...	12	10	22
Totals,...	45	45	90

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	2	1	3	...	...	...	...	...	...
1851, ...	5	2	7	...	...	...	...	2	2
1852, ...	4	7	11	2	...	2	3	1	4
1853, ...	...	3	3	...	...	...	3	5	8
1854, ...	2	1	3	1	...	1	2	3	5
Totals,	13	14	27	3	...	3	8	11	19

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	14	23	37	15	34	49	19	38	57	20	34	54	25	36	61
Average Numbers	15	28	43	18	34	52	19	35	54	22	36	58	28	37	65

16. SAUGHTONHALL ASYLUM, EDINBURGH.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	10	7	17
1851, ...	5	9	14
1852, ...	8	6	14
1853, ...	10	11	21
1854, ...	9	3	12
Totals,...	42	36	78

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	6	5	11	2	...	2	3	5	8
1851, ...	5	1	6	1	1	2	1	3	4
1852, ...	4	5	9	...	1	1	3	3	6
1853, ...	6	4	10	2	1	3	1	...	1
1854, ...	10	5	15	...	1	1	...	1	1
Totals,	31	20	51	5	4	9	8	12	20

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	20	20	40	21	21	42	19	21	40	20	20	40	20	25	45
Average Numbers	21	20	41	20	20	40	19	21	40	20	22	42	20	23	43

Appendix F. No. 17.

Whitehouse Asylum, Inveresk.

17. WHITEHOUSE ASYLUM, INVERESK.

Private Patients.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	4	4	8
1851, ...	5	2	7
1852, ...	6	5	11
1853, ...	3	6	9
1854, ...	3	6	9
Totals,...	21	23	44

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	2	3	5	1	1	2	2	2	4
1851, ...	1	...	1	2	1	3	2	...	2
1852, ...	4	1	5	...	...	...	4	...	4
1353, ...	1	1	2	1	...	1	2	2	4
1854, ...	3	1	4	...	1	1	1	2	3
Totals,	11	6	17	4	3	7	11	6	17

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	22	15	37	20	16	36	21	16	37	19	20	39	18	23	41
Average Numbers	22	16	38	21	16	37	19	17	36	18	22	40	18	24	42

18. ABBEY PARISH POORHOUSE, PAISLEY.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	...	...	Not opened.
1851, ...	27	30	57
1852, ...	17	18	35
1853, ...	14	18	32
1854, ...	18	15	33
Totals,...	76	81	157

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	...	...	...	...	...	...	...	...	...
1851, ...	3	6	9	1	...	1	1	3	4
1852, ...	8	3	11	3	7	10	1	2	3
1853, ...	5	11	16	5	1	6	6	2	8
1854, ...	8	10	18	2	2	4	7	3	10
Totals,	24	30	54	11	10	21	15	10	25

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	Asylum not opened.			...	...	...	22	20	42	27	27	54	25	31	56
Average Numbers	...	...	...	20	16	36	26	20	46	27	31	58	25	32	57

Appendix F. No. 19.

Aberdeen Poorhouse.

19. ABERDEEN POORHOUSE.

Admissions, including Re-admissions.

Years.	Males.	Females.	Total.
1850, ...	7	3	10
1851, ...	4	2	6
1852, ...	5	...	5
1853, ...	10	2	12
1854, ...	4	8	12
Totals,...	30	15	45

Discharges, Removals, and Deaths.

Years.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	...	...	...	...	...	...	...	...	...
1851, ...	...	1	1	...	...	...	3	...	3
1852, ...	...	...	...	1	1	2	1	1	2
1853, ...	...	...	...	2	1	3	...	2	2
1854, ...	...	..	...	2	2	4	2	1	3
Totals,	...	1	1	5	4	9	6	4	10

Numbers of Patients on the 1st January, and Average Numbers in each year.

Month.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M	F.	T.
1 January,	2	4	6	9	7	16	10	8	18	13	6	19	19	5	24
Average Numbers	6	5	11	11	7	18	11	7	18	16	5	21	21	7	28

20. BARONY PARISH POORHOUSE, GLASGOW.

Admissions, including Re-admissions.

Years.	Males.	Females	Total.
1850, ...	58	84	142
1851, ...	36	36	72
1852, ...	35	46	81
1853, ...	40	65	105
1854, ...	44	63	107
Totals,...	213	294	507

Discharges, Removals, and Deaths.

Years.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	5	6	11	2	4	6	2	2	4
1851, ...	19	20	39	3	3	6	11	15	26
1852, ...	15	29	44	1	5	6	23	24	47
1853, ...	27	38	65	3	2	5	14	17	31
1854, ...	22	33	55	5	6	11	13	11	24
Totals,	88	126	214	14	20	34	63	69	132

Numbers of Patients on the 1st January, and Average Numbers in each year.

Month.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	...	...	...	49	70	119	52	66	118	49	54	103	45	62	107
Average Numbers	51	69	120	56	68	124	47	58	105	45	56	101	49	67	116

Appendix F. No. 21.

Edinburgh City Workhouse.

21. EDINBURGH CITY WORKHOUSE.

Admissions, including Re-admissions.

Years.	Males.	Females.	Total.
1850, ...	7	8	15
1851, ...	7	8	15
1852, ...	11	13	24
1853, ...	7	19	26
1854, ...	7	18	25
Totals,...	39	66	105

Discharges, Removals, and Deaths.

Years.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	2	5	7	...	2	2	2	5	7
1851, ...	1	2	3	2	...	2	1	2	3
1852, ...	1	3	4	1	1	2	3	3	6
1853, ...	3	...	3	3	5	8	3	6	9
1854, ...	1	4	5	4	3	7	5	2	7
Totals,	8	14	22	10	11	21	14	18	32

Numbers of Patients on the 1st January, and Average Numbers in each year.*

Month.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F	T.	M.	F.	T.	M.	F.	T.
1 January,	19	49	68	...	...	...	...	...	...	...	...	...	...	...	...
1 Dec., ...	...	...	...	...	...	...	...	...	...	...	...	...	26	73	99

* Materials are wanting to make a complete return.

22. GLASGOW CITY WORKHOUSE.

ADMISSIONS, INCLUDING RE-ADMISSIONS.

YEARS.	Males.	Females.	Total.
1850, ...	8	4	12
1851, ...	...	...	...
1852, ...	10	9	19
1853, ...	8	20	28
1854, ...	6	8	14
Totals,...	32	41	73

DISCHARGES, REMOVALS, AND DEATHS.

YEARS.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	3	4	7	1	3	4	3	...	3
1851, ...	1	...	1	1	1	2	1	...	1
1852, ...	1	2	3	1	...	1	1	2	3
1853, ...	2	2	4	2	5	7	3	5	8
1854, ...	3	...	3	...	2	2	4	8	12
Totals,	10	8	18	5	11	16	12	15	27

NUMBERS OF PATIENTS on the 1st January, and AVERAGE NUMBERS in each year.

MONTH.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	23	31	54	24	28	52	21	27	48	28	32	60	29	40	69
Average Numbers	24	28	52	24	27	51	25	28	53	28	35	63	28	36	64

Appendix F. No. 23.

St. Cuthbert's Workhouse, Edinburgh.

23. ST. CUTHBERT'S WORKHOUSE, EDINBURGH.

Admissions, including Re-admissions.

Years.	Males.	Females.	Total.
1850, ...	8	17	25
1851, ...	8	11	19
1852, ...	6	5	11
1853, ...	21	31	52
1854, ...	29	18	47
Totals,...	72	82	154

Discharges, Removals, and Deaths.

Years.	Discharged or Removed.						Died.		
	Recovered.			Not Recovered.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1850, ...	5	11	16	...	...	...	2	4	6
1851, ...	4	4	8	...	...	...	1	3	4
1852, ...	8	13	21	...	...	...	2	2	4
1853, ...	10	15	25	...	...	...	6	7	13
1854, ...	24	3	27	...	...	...	2	6	8
Totals,	51	46	97	...	...	...	13	22	35

Numbers of Patients on the 1st January, and Average Numbers in each year.

Month.	1850.			1851.			1852.			1853.			1854.		
	M.	F.	T.	.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1 January,	20	25	45	21	29	50	22	35	57	18	25	43	23	34	57
Average Numbers	21	26	47	19	34	53	20	29	49	21	33	54	24	39	63

APPENDIX G.

RETURNS shewing the Annual Charge per Head made by the Public Asylums in Scotland, for the Maintenance of Pauper Lunatics, during the Years 1850, 1851, 1852, 1853, and 1854; the Amount of Income, from all sources, applicable to their Maintenance; and the different Items of Expenditure in each Asylum.

NOTE.—The different way of keeping Accounts in each Asylum precludes the Returns being uniform.

I. ABERDEEN ROYAL ASYLUM.

YEARS.	CHARGE.										DISCHARGE.																				
	Charge per head for Maintenance of Pauper Patients.										Items of Expenditure for each Pauper Patient.																				
	Highest Annual Rate.			Lowest Annual Rate.			Average Annual Rate.			Additional Charge for Clothing and Bedding.	Proportion of Profit of Farm and Garden.			Proportion of Interest of Property, Legacies, Donations, and Subscriptions.			Total Income from all sources for each Patient.			For Provisions.			For Clothing.			For Fuel and Light.			For Salaries			For Medical Comforts and Extras.			For Interest of Debt.	Total Expenditure for each Pauper Patient.		
																												Of Officials.			Of Attendants and Servants.								
	£	s.	d.	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.		£	s.	d.
1850	22	2	0	15	0	0	18	8	1½	...	0	15	3½	1	6	9	20	10	2	7	19	4½	1	7	9½	1	2	2	2	2	10	1	11	10	1	4	3	...	15	8	3
1851	22	2	0	15	0	0	17	15	0	...	0	16	7	1	7	4	19	18	11	7	9	3	1	9	0	1	2	6	2	1	7½	1	11	3½	1	5	2	...	14	18	10
1852	22	2	0	15	0	0	17	3	5	...	0	11	3	0	19	8	18	14	4	7	9	9	2	4	8	1	0	10½	2	1	6	1	9	4½	0	17	5	...	15	3	7
1853	22	2	0	15	0	0	16	11	11	...	0	12	1	0	19	3	18	3	3	7	2	8	1	7	9	1	0	8	2	2	6	1	8	0	1	6	6	...	14	8	1
1854	22	2	0	15	0	0	18	17	8	...	0	11	9	0	14	6	20	3	11	8	19	2	2	10	9	1	3	8	2	5	5½	1	9	6½	0	15	9	...	17	4	4
	.....			.....			88	16	1½	...	3	6	11½	5	7	6	97	10	7	39	0	2½	8	19	11½	5	9	10½	10	13	11	7	10	0½	5	9	1	...	77	3	1
																																							Surplus charge on the five years laid out on repairs and additional buildings, . .				20	7	6
																																						£	97	10	7

NOTE.—The above Return embraces pauper patients, and also such private patients as pay only £22 per annum,—that sum being the *minimum* rate of payment for private patients, as well as the *maximum* rate for paupers in this Asylum.

Appendix G.—II. DUMFRIES ROYAL ASYLUM: SOUTHERN COUNTIES ASYLUM.

Years.	CHARGE.								DISCHARGE.																
	Charge per head for Maintenance of Pauper Patients.								Items of Expenditure for each Pauper Patient.																
	Highest Annual Rate.			Lowest Annual Rate.			Average Annual Rate.	Additional Charge for Clothing and Bedding.	Proportion of Profit of Farm and Garden.	Proportion of Interest of Property, Legacies, Donations, and Subscriptions.	Total Income from all sources for each Patient.	For Provisions.			For Clothing.			For Fuel and Light.			For Salaries				For Medical Comforts and Extras.			For Interest of Debt.	Total Expenditure for each Pauper Patient.		
																				Of Officials.*			Of Attendants and Servants.							
	£	s.	d.	£	s.	d.	Shewn by the Column under head of Total Income.	The preceding Rates for Maintenance include the charge for Clothing, which may be estimated at about £2 per head per annum, and also that for Bedding, which is about £1 more.	None	None	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	...	£	s.	d.
1850	21	0	0	18	0	0					20	2	0	9	15	0	1	7	0	2	12	10	1	0	0	1	19	4	1	12	0		18	6	2
1851	21	0	0	18	0	0			...	...	18	1	0	8	16	8	1	15	1	1	7	0	0	17	4	2	2	6	2	0	7	...	16	19	2
1852	18	0	0	17	0	0			...	...	17	15	5	7	19	1	1	15	9	1	2	5	0	11	8	1	17	3	2	7	1	...	15	13	3
1853	18	0	0	17	0	0			...	...	17	17	5	9	4	6	1	18	5	1	4	6	0	9	10	2	1	2	2	1	7	...	17	0	0
1854	22	0	0	17	0	0			...	...	18	3	0	10	5	8	1	14	6	1	5	6	0	8	8	1	18	6	2	6	5	...	17	19	3

* These charges do not include any proportion of the salaries of the medical superintendent, treasurer, or house-steward, which are all charged against the Crichton Institution.

Appendix G.—III. DUNDEE ROYAL ASYLUM.

Years.	CHARGE.							DISCHARGE.							
	Charge per head for Maintenance of Pauper Patients.			Additional Charge for Clothing and Bedding.	Proportion of Profit of Farm and Garden.	Proportion of Interest of Property, Legacies, Donations, and Subscriptions.	Total Income from all sources, and on account of both Private and Pauper Patients.	Items of Total Expenditure of Asylum for both Private and Pauper Patients.*							
	Highest Annual Rate.	Lowest Annual Rate.	Average Annual Rate.					For Provisions.	For Clothing.	For Fuel and Light.	For Salaries		All other Expenditure.	For Interest of Debt.	Total Expenditure of Asylum.
											Of Officials.	Of Attendants and Servants.			
	£ s. d.	£ s. d.					£ s. d.	£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1850	21 0 0	15 16 0	Not Reported.	The Patients pay for the Supplies made to them.	No Farm.	None	4760 12 3	1885 14 2	The Patients pay for the Supplies made to them.	213 17 1	468 3 0	527 15 6	779 2 5	443 8 7	4318 0 9
1851	21 0 0	15 16 0				...	4897 12 9	1846 15 4		172 13 7	470 2 6	506 13 0	435 3 2	390 2 1	3821 9 8
1852	21 0 0	15 16 0				...	4827 19 0	1744 4 6		196 17 3	472 15 0	512 9 0	417 11 11	354 10 10	3698 8 6
1853	21 0 0	15 16 0				...	4678 14 9	1728 1 5		175 19 9	501 8 6	505 3 0	826 0 8	281 4 10	4017 18 2
1854	21 0 0	15 16 0				...	4676 0 11	1993 10 11		207 8 0	498 16 0	538 7 6	668 9 6	210 3 4	4116 15 3

* The Accounts of the Asylum do not afford the means of shewing the separate expenditure on private and pauper patients.

Appendix G.—IV. EDINBURGH ROYAL ASYLUM.

Years.	CHARGE.									DISCHARGE.														
	Charge per head for Maintenance of Pauper Patients.						Additional charge for Clothing and Bedding.	Proportion of Profit of Farm and Garden.		Proportion of Interest of Property, Legacies, Donations, and Subscriptions.			Total Income from all sources for each Patient.	Items of Expenditure for each Pauper Patient.											
	Highest Annual Rate.			Lowest Annual Rate.			Average Annual Rate.											For Provisions.	For Clothing.	For Fuel and Light.	For Salaries		For Medical Comforts and Extras.	For Interest of Debt, Feu-duty, Public Burdens, &c.	Repairs and Furnishings.	Total Expenditure for each Pauper Patient.
																					Of Officials.	Of Attendants and Servants.				
	1			2			3	4		5			6			7		8	9	10	11	12	13	14	15	16
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	(Average, including Nos. 3, 5, & 6.) £	s.	d.	£	s.	d.	(Under reference to No. 4.) £	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1850	25	0	0	20	0	0	20	19	9	Two suits of body clothes were required to be furnished with each patient on admission during these two years. No after charge was made for Clothing of any kind.		0	8	0	0	13	0	23	11	0	7	9	6	1	13	0	0	19	9	1	14	4	2	13	10	0	9	4	2	10	0	3	3	3	20	13	0
1851	23	0	0	18	0	0	19	17	10			0	8	0	0	5	0	21	3	0	7	7	5	1	13	0	0	18	10	1	15	3	2	14	6	0	9	7	2	4	7	2	18	3	20	1	5
1852	23	0	0	18	0	0	19	6	2	No charge of any kind for Clothing.		0	11	3	0	3	7	21	4	10	7	10	2	3	7	10	0	15	4	1	19	10	2	12	8	0	9	9	2	0	4	2	12	11	21	8	10
1853	21	0	0	18	0	0	19	1	8			0	11	7	0	3	1	20	4	8	8	4	6	3	8	4	0	17	4	2	1	6	2	15	0	0	9	5	1	15	5	3	1	10	22	13	4
1854	25	0	0	22	0	0	22	1	9			0	15	4	0	4	6	24	9	10	10	8	1	3	9	2	0	17	10	2	2	4	2	14	6	0	7	4	1	19	8	2	11	8	24	10	7

ARS.	CHARGE.								DISCHARGE.																					
	Charge per head for Maintenance of Pauper Patients.						Additional Charge for Clothing & Bedding.*	Proportion of Profit of Farm and Garden.†	Total Amount of Interest of Property, Legacies, Donations, and Subscriptions.			Total Income from all sources, and on account of both Private and Pauper Patients.			Items of Total Expenditure of the Asylum, For Private Patients, Pauper Patients, and Officials and Attendants boarded in the Asylum.															
	Highest Annual Rate.			Lowest Annual Rate.			Average Annual Rate.									For Provisions.			For Clothing.*	For Fuel and Light.			For Salaries						For Medical Comforts and Extras.			For Interest of Debt.			For Repairs and Improvements, Furnishings, and Taxes.			Total Expenditure of Asylum.		
																						Of Officials.			Of Attendants and Servants.												
	£	s.	d.	£	s.	d.			£	s.	d.	£	s.	d.		£	s.	d.		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
50	24	14	0	21	9	0	Not Reported.		...	...		808	1	9	15,403	9	6	4844	0	7	...	546	1	1	1051	10	0	1431	10	6	608	18	0	1806	13	10	2696	18	0	12,985	12	0
51	20	16	0	19	10	0			...	...		873	11	4	14,208	6	9	4365	11	8	...	520	8	10	965	8	0	1408	11	11	293	5	5	1733	6	5	2045	12	5	11,332	4	8
52	19	10	0	18	4	0			...	...		394	18	9	12,882	17	11	4494	13	3	...	558	12	10	1019	11	0	1354	2	6	352	12	1	1784	5	9	2559	18	8	12,123	16	1
53	19	10	0	18	4	0			...	...		148	19	8	13,653	18	11	5216	12	9	...	700	18	10	967	18	10	1422	10	8	563	12	1	1741	1	1	2725	0	5	13,337	14	8
54	23	8	0	22	2	0			...	...		333	19	0	14,951	7	11	6098	1	9	...	612	5	2	1028	11	3	1443	14	4	555	3	2	1936	14	2	3086	6	7	14,760	16	5

* To a considerable extent the patients provide their own clothing. What is supplied by the Asylum is charged along with, and in addition to, next quarter's board. The outlays for patients for the *quarter* ending 31st December 1854, amounted to £454, 11s. 4d., principally for clothing. The total Income and total Expenditure here given does not include these outlays. No charge has ever been made for bedding, which is included in the charge for maintenance.

† No account is kept of the produce of the farm and garden, as it is for the most part consumed in the Asylum.

Appendix G.—VI. MONTROSE ROYAL ASYLUM.

Years.	CHARGE.										DISCHARGE.													
	Charge per head for Maintenance of Pauper Patients.										Items of Total Expenditure of Asylum for both Private and Pauper Patients.†													
	Highest Annual Rate.			Lowest Annual Rate.*			Average Annual Rate.			Additional Charge for Clothing and Bedding.	Proportion of Profit of Farm and Garden.	Proportion of Interest of Property, Legacies, Donations, and Subscriptions.	Total Income from all sources, and on account of both Private and Pauper Patients.	For Provisions.			For Clothing.	For Fuel and Light.			For Salaries				For Medical Comforts and Extras.			For all other Expenditure.‡			Total Expenditure of Asylum.		
																					Of Officials.			Of Attendants and Servants.								
	£	s.	d.	£	s.	d.	£	s.	d.				£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1850	25	0	0	9	0	0	18	8	4	Paid by Patients or Parishes.	Never ascertained. No separate Account is kept for Paupers and Private Patients.	Never ascertained. No separate Account is kept for Paupers and Private Patients.	3345	0	2	1355	16	7	Paid by Patients or their Cautioners, until June 1854, when £2 each per annum was charged.	241	8	8	244	2	0	281	19	0	19	15	10	731	14	9	2874	16	10
1851	25	0	0	9	0	0	18	18	11	Do.			3516	1	11	1319	11	3		131	16	0	244	2	0	277	17	5	13	5	4	767	1	7	2753	13	7
1852	22	0	0	9	0	0	18	5	3	Do.			3685	0	4	1431	10	0		164	11	10	244	2	0	299	0	0	41	19	7	826	11	4	3007	14	9
1853	22	0	0	9	0	0	17	18	5	Do.			4069	19	7	1706	3	0		190	2	3	244	2	0	308	11	0	39	4	6	808	15	7	3296	18	4
1854	24	0	0	9	0	0	18	19	2	£2 per ann. each, except Montrose Paupers, who are clothed by the Inspector of Poor.			4259	2	11	2045	0	10		241	5	9	244	2	0	336	8	6	37	16	2	813	17	2	3718	10	5

* Note.—The lowest rate of payment in this Asylum is limited to ten presentations by the Parish of Montrose. The lowest general rate is £18 for paupers in the bounds of the Synod of Angus and Mearns. The highest rate is charged for patients from parishes beyond these bounds. £22 and £18 are thus the highest and lowest rates for general paupers—average £20; besides £2 per annum for each patient for clothing.

† No account is kept for paupers separate from that of the General Expenditure of the House.

‡ The Asylum has no Debt.

Appendix G.—VII. JAMES MURRAY'S ROYAL ASYLUM, PERTH.

Years	CHARGE.						DISCHARGE.							
	Charge per head for Maintenance of Pauper Patients.			Additional Charge for Bedding for all the Patients.	Profit of Farm and Garden.	Interest of Property, Legacies, Donations, and Subscriptions.	Total Income from all sources, and on account of both Private and Pauper Patients.	Items of Total Expenditure of Asylum for both Private and Pauper Patients.						
	Highest Annual Rate.	Lowest Annual Rate.	Average Annual Rate.					For Provisions.	For Clothing.	For Fuel and Light.	For Salaries		For Medical Comforts and Extras.	For all other Expenditure, including Interest of Debt.*	Total Expenditure of Asylum.
											Of Officials.	Of Attendants and Servants.			
	£ s. d.	£ s. d.		£ s. d.			£ s. d.	£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1850	18 4 0	15 12 0	Not Reported.	139 5 8	Yearly Rent of Farm, £129, 8s. 7d.	None	4507 9 5	1791 8 1	As before stated, certain of the patients are supplied with clothing by their friends, but whatever outlay is made by the Asylum under this head, is charged against the particular patient. There is no fixed rate of charge.	188 7 2	684 19 5	379 19 1	27 9 3	1026 18 2	4099 1 2
1851	18 4 0	15 12 0		145 11 0		...	4431 10 0	2005 18 10		167 4 7	652 18 7	397 17 1	25 12 0	803 13 11	4053 5 0
1852	18 4 0	15 12 0		138 12 6		...	4434 15 11	2141 12 9		162 5 9	648 2 11	406 18 8	20 17 8	725 0 6	4104 18 3
1853	27 6 0	15 12 0		108 1 2		...	4357 6 5	2646 0 4		312 8 8½	796 5 0	432 18 11	22 9 0	889 19 7½	5100 1 7
1854	27 6 0	15 12 0		132 16 3		...	4190 17 5½	2465 7 2		265 7 1½	607 2 8	449 2 1	11 3 6	926 4 6½	4724 7 1
				Whatever Outlay is required for patients' clothes is charged against the respective patients.											

* The Interest of Debt for the Five years was as follows :—For 1850, £221, 2s. ; 1851, £190, 17s. 7d. ; 1852, £181, 11s. 11d. ; 1853, £175, 6s. 4d. ; 1854, £196, 15s.

Appendix G.—VIII. ELGIN LUNATIC ASYLUM.

Years	CHARGE.										DISCHARGE.											
	Charge per head for Maintenance of Pauper Patients.						Additional Charge for Clothing and Bedding.	Total Revenue from Land, exclusive of the Potatoes used during Year.	Proportion of Interest of Property, Legacies, Donations, and Subscriptions.	Total Income from all sources for Patients.	Items of Total Expenditure of Asylum for Pauper Patients.											
	Highest Annual Rate.			Lowest Annual Rate.							For Provisions.	For Clothing.	For Fuel and Light.	For Salaries		All other direct Expenditure for Patients.	For Interest of Debt.	Extra Expenditure on Buildings.	Expenditure on Land.	Total Expenditure of Asylum.		
														Of Officials.	Of Attendants and Servants.							
	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1850	12	0	0	12	0	0	12	0	0	The Patients pay for the Supplies made to them.	.....			1	16	7½	477	15	3	225	2	5	The Patients pay for the Supplies made to them.	41	16	11½	15	15	0	70	0	0	9	0	3	9	19	6	452	0	11	.....			823	15	0½
1851	12	0	0	12	0	0	12	0	0		12	15	0	1	1	6¼	573	19	5	261	5	10		26	8	8	15	15	0	70	0	0	15	14	0	1	4	2	.....			24	2	4	414	10	0
1852	12	0	0	12	0	0	12	0	0		15	10	0	1	7	7	570	14	0½	298	15	2		31	8	0	15	15	0	86	10	0	36	13	11	12	8	3	69	9	0	62	12	7	613	11	11
1853	12	0	0	12	0	0	12	0	0		69	19	9	0	5	3½	641	4	8½	319	14	8		33	8	9	15	15	0	86	10	0	39	4	6	2	17	3	77	5	0	59	9	11	634	5	1
1854	13	0	0	13	0	0	13	0	0		53	0	0	0	17	1	710	2	6	364	2	1		43	13	9	15	15	0	86	10	0	65	11	4½	0	11	5	.....			78	18	1	655	1	8½

APPENDIX H.

Accounts of the Monies received and expended by Public Authorities under the Lunacy Acts.

I. TABLE shewing the Rates charged in the various Counties of Scotland which contain Houses for the Insane, for Warrants and Licenses to receive Patients; the Rates charged for the Annual Renewal of each License; and the Rates charged for Annual Licenses, when levied on the House, and not on the Patients individually.

COUNTIES.	Rates paid for Warrants and Licenses to receive Patients.					Rates paid on the annual renewal of Licenses.			Rate of Annual License when levied on House, and not on each Patient individually.
	For Private Patients.		For Pauper Patients.			For Private Patients.	For Pauper Patients.		
	In Chartered or Public Asylums.	In Licensed Private Houses.	In Chartered or Public Asylums.	In Licensed Private Houses.	In Licensed Poorhouses.	In Licensed Private Houses.	In Licensed Private Houses.	In Licensed Poorhouses.	
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	
Aberdeen,	0 2 6	0 13 0	0 2 6	No Paupers in Private Houses.	0 13 0	0 13 0	No Paupers in Private Houses.	0 13 0	No rate.
Ayr,*	.....	0 10 6	.....	No rate.	0 10 6	No rate.	No rate.	No rate.	No rate.
Bute,	.....	2 2 0	.....	.....	.....	2 2 0	.....	.....	No rate.
Dumfries,	No rate.	.....	No rate.	.....	.....	.....	.....	.....	No rate.
Edinburgh,	0 2 6	†0 14 0	No rate.	0 5 0	0 5 0	0 2 6	0 2 6	0 2 6	No rate.
Elgin,	No rate.	.....	No rate.	.....	.....	.....	.....	.....	.....
Fife,	.....	.....	.....	.....	0 10 6	.....	.....	No rate.	No rate.
Forfar,	No rate.	2 2 0	No rate.	.....	.....	2 2 0	.....	.....	No rate.
Haddington,	.....	0 2 6	.....	0 2 6	.....	0 2 6	0 2 6	.....	No rate.
Lanark,	0 2 6	0 10 6	0 2 6	0 10 6	0 2 6	0 10 6	0 10 6	No rate.	No rate.
Perth,	No rate.	.....	No rate.	.....	.....	.....	.....	.....	.....
Renfrew,	.....	0 10 6	.....	0 3 6	0 3 6	No rate.	No rate.	No rate.	£4 4 0‡
Stirling,	.....	.....	.....	.....	0 10 6	.....	.....	No rate.	No rate.
Wigton,	.....	.....	.....	.....	2 2 0	.....	.....	No rate.	No rate.

* There is one House in Ayrshire licensed to receive patients, but at the period of our inquiry it contained none.
† Previously to 30th April 1854 the rate in the County of Edinburgh was £1, 1s. 6d. for private patients, and for paupers 10s.
‡ Reduced in 1852 from £6, 6s.

NOTE.—The words "No rate" are used where there are houses under the corresponding head for the reception of lunatics, but no charge is made. Where the columns are blank, there are no houses under the corresponding head in the county.

II. TABLE shewing the Monies received in each of the Years 1850, 1851, 1852, 1853, and 1854, by the Sheriffs of the various Counties in Scotland, for Warrants and Licenses granted in pursuance of the Acts 55 Geo. III., Cap. 69, 9 Geo. IV., Cap. 34, and 4 and 5 Victoria, Cap. 60; and also the Monies expended in carrying the Acts into execution in each of the said Years.

COUNTIES.	Monies received for Warrants and Licenses.						Monies expended in carrying Acts into execution.					
	1850.	1851.	1852.	1853.	1854.	Total.	1850.	1851.	1852.	1853.	1854.	Total.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Aberdeen,	11 11 6	25 9 6	24 3 0	26 19 6	27 11 0	115 14 6	12 17 8	8 12 9	9 3 1	13 12 10	12 3 0	56 9 4
Argyll,	.....	.....	.....	.....	.....	.....	.....	27 19 11	.....	70 9 11	41 14 8	140 4 6
Ayr,	0 10 6	.....	.....	1 1 0	0 10 6	2 2 0	.....	.....	5 16 1	33 0 7½	39 13 11	78 10 7½
Banff,	.....	.....	.....	.....	.....	.....	.....	10 14 9	.....	.....	.....	10 14 9
Berwick,	.....	.....	.....	.....	.....	.....	41 2 0½	69 11 10½	10 6 10½	30 4 8	12 11 2	163 16 7½
Bute,	.....	.....	.....	.....	.....	.....	3 19 0	19 17 2	3 19 0	44 17 1	66 4 1	138 16 4
Caithness,	.....	.....	.....	.....	.....	.....	16 15 9	.....	.....	14 16 6	49 13 6	81 5 9
Clackmannan,	.....	.....	.....	.....	.....	.....	10 5 0	4 7 5	.....	6 13 5	.....	21 5 10
Dumbarton,	.....	.....	.....	.....	.....	.....	16 6 10	7 10 0½	23 19 0	7 18 0	11 13 7	67 7 5½
Dumfries,	.....	.....	.....	.....	.....	.....	15 8 11	1 11 6	7 12 6	5 13 6	33 12 2	63 18 7
Edinburgh,	146 10 6	152 2 0	134 3 6	138 12 6	128 1 6	699 10 0	106 19 8	52 5 5	88 2 7	80 1 9	85 15 10	413 5 3
Elgin,	.....	.....	.....	.....	.....	.....	7 8 4	.....	10 17 0	7 19 4	1 19 3	28 3 11
Fife,	0 10 6	1 11 6	2 12 6	1 11 6	1 11 6	7 17 6	35 3 4	.....	.....	.....	15 8 7	50 11 11
Forfar,	3 19 0	5 18 6	1 19 6	3 19 0	5 18 6	21 14 6	12 13 6	14 8 10	11 1 4	16 4 4	17 2 7	71 10 7

Haddington,	....	.	.....		2	2	0	2	2	0	5	5	0	9	9	0	.....	.....		2	18	6	2	14	6	4	4	0	9	17	0
Inverness,	.....		.....		...	..		.....			.....			.....			47	12	7	60	7	4	98	9	11	77	11	4	61	19	10	346	1	0
Kincardine,	.....		.....		.....			.....			.....			.....			8	14	7	.....			.....			.....			.....			8	14	7
Kinross,	.....		.....		.....			.....			.....			.....			.....			.....			.....			.....			.....			.....		
Kirkcudbright,	.....		.....		.....			.....			.....			.....			.....			32	17	8	.....			8	5	4	1	18	6	43	1	6
Lanark,	112	17	6	73	13	6	85	5	6	85	15	6	88	2	6	445	14	6	169	7	9	89	7	1	133	19	11	220	14	11	144	0	6	757	10	2
Linlithgow,	.....		.....		.....			.....			.....			.....			.....			.....			.....			.....			.....			.....		
Nairn,	.....		.....		.....			.....			.....			.....			9	5	4	9	8	4	18	12	0	.....			7	4	7	44	10	3
Orkney,	.....		.....		.....			.....			.....			.....			3	13	0	9	3	7	.....			0	5	6	0	3	0	13	5	1
Shetland,	.....		.....		.....			.....			.....			.....			115	8	9	.....			29	0	7	22	15	7	101	0	2	268	5	1
Peebles,	.....		.....		.....			.....			.....			.....			.....			.....			.....			.....			4	9	0	4	9	0
Perth,	.....		.....		.....			.....			.....			.....			.....			1	0	1	11	19	7	13	0	10	15	18	0	41	18	6
Renfrew,	7	0	0	17	6	0	12	8	6	17	3	0	28	10	6	82	8	0	11	5	0	11	5	0	24	4	3	17	3	6	18	6	0	82	3	9
Ross,	.....		.....		.....			.....			.....			.....			.....			5	9	0	12	1	0	2	4	0	.....			19	14	0
Roxburgh,	1	0	0	0	15	0	0	7	6	0	12	6	0	10	0	3	5	0	60	13	7½	18	16	6	31	15	1½	8	19	9	10	4	11	130	9	11
Selkirk,	.....		.....		.....			.....			.....			.....			2	15	11	3	14	11	2	5	6	.....			8	15	2	17	11	6
Stirling,	.....		.....		.....		20	9	6	9	9	0	29	18	6	12	7	1	40	3	6	28	13	10	51	2	6	45	18	8	178	5	7
Sutherland,	.....		.....		.....			.....			.....			.....			4	17	4	.....			.....			6	11	7	15	19	1	27	8	0
Wigtown,	.....		.....		.....			.....		4	7	0	4	7	0	28	1	10	20	4	2	.....			23	17	6	50	11	0	122	14	6
Totals,	283	19	6	276	16	0	263	2	0	298	6	0	299	17	0	1422	0	6	753	2	10	518	16	10	564	17	8	786	18	9½	878	4	9	3502	0	10½

When the expenses exceed the income, the balance is defrayed by the Commissioners of Supply.

NOTE.—This Table has been framed from Returns obtained from the Sheriff-clerks of Counties, but there is reason to fear that its accuracy cannot be relied on, as the materials forwarded to us seem, in many cases, to have been very incomplete.

b

APPENDIX I.

RETURNS shewing the Numbers of Persons proceeded against as Dangerous Lunatics, in the various Counties in Scotland, in terms of 4th and 5th Vict., Cap. 60, Sec. 3, since the passing of that Act in 1841; the Manner of their Disposal; and the Nature of the Houses or Places to which they were committed.

COUNTY.	Population of County.	Total Number of Persons proceeded against.	MANNER OF DISPOSAL.							
			Liberated on or before Trial.	Died before Committal.	Committed			Confided to Friends on Caution.	Sent Home to Parish.	Disposal unknown.
					To Public Asylums.*	To Private Licensed Houses.	To Poor-houses.			
Aberdeen,	212,032	6	...	...	6	...	...	...	...	...
Argyle,	89,298	37	...	...	...	...	...	...	...	37
Ayr,	189,858	6	...	..	2	...	...	...	...	4
Banff,	54,171	2	...	...	2	...	...	...	...	...
Berwick,	36,297	21	...	...	19	1	...	...	...	1
Bute,	16,608	4	...	...	4	...	...	...	...	...
Caithness,	38,709	15	...	1	12	...	...	...	...	2
Clackmannan,	22,951	14	...	...	10	4	...	...	...	...
Dumbarton,	45,103	17	...	...	16	1	...	...	...	...
Dumfries,	78,123	20	...	...	20	...	...	...	...	...
Edinburgh,	259,435	80	...	...	75	4	1	...	...	...
Elgin or Moray,	38,959	6	...	...	6	...	...	...	...	...
Fife,	153,546	5	...	...	5	...	...	...	...	...
Do. Dunfermline District,		1	..	...	...	...	...	...	...	1
Forfar,	191,264	7	...	...	7	...	...	...	...	...
Haddington,	36,386	4	...	...	...	3	...	...	...	1
Inverness,	96,500	52	...	...	52	...	...	...	...	...

Kincardine,	34,598	1	...	...	1	...	...	...	...	...
Kinross,	8924	...	...	...	...	...	...	...	...	...
Kirkcudbright,	43,121	8	...	...	8	...	...	...	...	...
Lanark, (Glasgow Lower Ward,)	530,169	96	...	...	92	3	1	...	...	...
Do. (Lanark Upper Ward,)		12	...	...	12	...	...	...	...	...
Do. (Hamilton District,)		8	...	...	7	1	...	...	...	...
Do. (Airdrie District,)		5	...	...	4	1	..	...	...	...
Linlithgow,	30,135	1	...	...	1	...	...	...	...	...
Nairn,	9956	17	1	...	15	1	...	...	...	...
Orkney,	31,455	17	8	...	9	...	...	...	...	...
Shetland,	31,078	13	...	...	13	...	...	...	...	...
Peebles,	10,738	2	...	...	1	1	...	...	...	...
Perth,	138,660	29	...	...	21	4	...	1	3	...
Renfrew,	161,091	17	...	...	1	10	6	...	...	...
Ross—Dingwall District,	82,707	25	1	...	11	...	...	10	1	1
Easter Ross,		4	3	...	1	..	...	...	...	...
Lewis District,		16	15	...	1	...	...	...	...	...
Cromarty,		1	...	...	1	...	...	...	...	...
Roxburgh,	51,642	15	...	...	...	6	...	...	...	9
Selkirk,	9809	10	...	...	8	2	...	...	...	...
Stirling,	86,237	26	...	...	26	...	...	...	...	...
Sutherland,	25,793	6	1	...	3	1	...	...	...	1
Wigton	43,389	9	...	...	8	...	...	...	...	1
Totals,...	2,888,742	635	29	1	480	44	8	11	4	58

* Including Elgin Asylum, and Inverness Infirmary.

NOTE.—The materials from which this Table has been framed are, in some Counties, far from being trustworthy.

APPENDIX K.

EXTRACTS from the RETURNS made by the Constabulary Force of the various Counties, illustrative of the Condition of the Insane who are placed in the care of Relatives or Strangers, or are Living Alone.

NOTE.—The following Cases have been selected from the Total Returns, amounting to 3798, not so much with the view of bringing forward instances of bad treatment or neglect on the part of those having charge of the Insane, as to convey a positive idea of the amount and kind of insanity existing in the rural districts of Scotland; and, also, of the condition of the patients, so far as this can be done without actually seeing them. The number cited may, perhaps, appear needlessly large; but as we consider it of great importance that public attention should be strongly directed to the condition of such of the Insane as are not under official supervision, we have thought it better to run the risk of giving too copious extracts from these Returns, than to incur the danger of failing in our purpose by quoting too few. The remarks on each case are in the words of the reporter.

A small proportion of the Returns was made by Procurators-Fiscal and Sheriff-Officers, in Counties where no rural police has been established.

LIST OF CASES.

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
ABERDEEN.				
Aberdeen,	Pauper, male,	27	From birth,	Generally very quiet; but appeared very dirty and ragged in his clothing.
Do.	Private, female,	33	From infancy,	Are both deaf and dumb; are but indifferently clad, and appeared to be dirty in their habits; but they are both very quiet.
	Do.	29		
Aberdour,	Do.	45	20 years,	Had one illegitimate child, and goes about annoying the public.
Crathie,	Do.	23	From birth,	Appears to be badly clothed, and not very well cared for.
Crimond,	Private, male,	45	12 months,	He belongs to the coast-guard preventive service; was put into the Montrose asylum in May last, and taken out before he was any better. He requires two men to attend him, one for the night and one for the day. Would be dangerous if not closely watched. Has 14s. weekly from the customs, being a reduced allowance.
Culsalmond,	Private, female,	26	From birth,	Has had two children, and is pregnant. Has little to subsist on.

Deer, New,	Pauper, male,	79	40 years,	Appears to be ill clothed and fed, and very ill cared for in every way. Is harmless.
Do.	Do.	28	From infancy,	Appears to be ill clothed and fed, and otherwise ill cared for. Is very quiet.
Deer, Old,	Private, female,	50	Not known,	Gave birth to an illegitimate child, and afterwards became fatuous. She keeps no meat of any kind in her house, and has no way of maintaining herself but by begging. Her house and her person are in a most filthy state. She is not sufficiently clothed. Large holes in roof of house.
Do.	Pauper, female,	65	From birth,	Sufficiently clothed and fed; gave birth to an illegitimate child; father unknown.
Drumoak,	Private, female,	64	13 years,	Supported at one time by the parochial board of Old Machar, but not for the last four years. Is very indifferently clothed and cared for.
Dyce,	Pauper, male,	40	33 years,	Is subject to severe attacks, by which his life is in danger.
Echt,	Private, female,	39	From birth,	This woman is kept very filthy. Her mother, who is 73 years of age, is not able to manage her. She has the appearance of not being well fed, and she requires her hands fastened at times.
Ellon,	Do.	27	3 months,	Has no relation; is a servant at ——. They wanted her put into the asylum. Dr. —— applied, but the asylum was full. She requires to be watched to prevent her taking her own life.
Forgue,	Private, male,	33	19 years,	Bed-rid for 12 years. Well kept. Of late does not require to be bound.
Fyvie,	Pauper, male,	73	From birth,	Is well cared for; but requires his hands tied at times to prevent mischief.
Do.	Pauper, female,	13	From infancy,	Is in a very filthy condition.
Do.	Private, male,	17	Do.	Is well cared for; requires his hands tied to prevent mischief.
Huntly,	Private, male,	33	5 years,	Is well cared for by his father; but gives unexpected visits to families in the neighbourhood, and annoys them.
Do.	Do.	29	4 years,	Is well kept by his friends. Wears a jacket with long sleeves strapped together, to prevent him doing any injury.
Insch,	Pauper, female,	49	6½ years,	Is kept in house and managed with difficulty; well cared for.
Do.	Private, female,	16	From birth,	Requires strait-vest at times; is well cared for.
Inverury,	Do.	5	Do.	Is very helpless, and ill cared for in every way.
Leochel-Cushnie,	Private, male,	8	From infancy,	Is in a very filthy state, and ill clothed.
Machar, Old,	Private, female,	41	From birth,	Is very violent at times; rather dangerous; and very deficient in speech, hearing, and sight. Her brother-in-law complains that he cannot support her longer.
Do.	Private, male,	20	From infancy,	Is entirely kept by his father, a jobbing gardener, who has a large family. He goes on crutches; is ill clothed, and very difficult to keep clean; is altogether deformed.
Do.	Do.	28	4 years,	Is in a very filthy state, and sometimes very outrageous.
Do.	Pauper, male,	63	26 years,	Has 3s. 4d. per month; very indifferently cared for; very poorly off.
Oyne,	Do.	27	From birth,	Goes about at large; often gets himself in danger by crossing the railway line.
Premnay,	Private, female,	21	Do.	Requires at times to be kept under restraint, by being bound. Never had a child. Is well cared for.

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Rathen,	Pauper, male,	33	From birth,	Is harmless; but is not well fed nor clothed.
Skene,	Private, male,	11	Do.	Is subject to severe attacks, whereby he injures himself.
Strathdon,	Pauper, male,	44	From infancy,	Has 15s. quarterly from Towie parish; is deaf and dumb, and blind, and indifferently clothed; is quiet and harmless.
Strichen,	Pauper, female,	31	Do.	This woman requires to be put into a strait-jacket at every now and again. She has no faculty of her hands and arms, but she would tear herself with her teeth. At other times she is very quiet. She appears to be sufficiently clothed and fed, and otherwise well cared for.
Towie,	Pauper, male,	25	From infancy,	Has £1, 15s. per quarter from the parish of Towie. Is dumb, and cannot walk; requires to be fed like a child; has a person always with him, to keep him from doing harm to himself. Disease brought on by fever when a child.
Tullynessle,	Private, female,	54	3 years,	Has one illegitimate son, who supports her; is but very poorly fed and clothed; is in great need of some person to take care of her, or to be put in an asylum, as she is not capable of taking care of herself.
Turriff,	Pauper, male,	26	From childhood,	Has not required to be bound for the last three years; is destitute of clothing.
Do.	Do.	52	31 years,	Is particularly well attended to; gets high at times, according to the state of the moon.
Tyrie,	Private, male,	17	From infancy,	At times very ill clothed, and appears ill fed.
Do.	Private, female,	42	3 years,	Is not well clothed; husband not able to pay the expense of the asylum, and the parish of Aberdour refuses.
ARGYLE.				
Bowmore (Islay Comb.)	Pauper, female,	32	From birth,	Had an illegitimate child; not sufficiently fed nor clad.
Do.	Do.,	34	Do.	Had an illegitimate child; not sufficiently clothed nor fed.
Do.	Do.,	44	14 years,	Not properly clothed nor fed; not properly taken care of.
Do.	Private, male,	37	3 years,	Well cared for; but necessary to confine him to prevent mischief.
Craignish,	Pauper, male,	55	43 years,	Is properly clothed, fed, and cared for; but it is necessary at times to bind this lunatic, and confine him to the house.
Dunoon and Kilmun,	Do.,	60	1 year,	This lunatic is at times dangerous, and had once to be tied. He is at present at liberty.

Do. do.	Private, male,	54	6 months,	He and sister occupy three rooms in K—— house. They are both supported by friends in Glasgow. In the beginning of September 1855 he got outrageous and dangerous. There were two men sent by the inspector of poor to take care of him in his own room. These men were paid by the board. He is at present at large and not counted dangerous, and not receiving any relief from the board. He is well clad.
Glassary, ...	Pauper, female,	45	12 years,	Becomes insane periodically; and being sometimes dangerous on such occasions, requires to be confined and bound.
Inverary, ...	Private, female,	60	3 years,	Always harmless, and for the last 12 months bed-ridden.
Kilbrandon & Kilchattan,	Private, male,	35	10 years,	Supported by his friends. He is at times dangerous, and should be confined.
Do. do.	Pauper, female,	31	From birth,	She does not appear to be properly clothed or well cared for.
Do. do.	Pauper, male,	22	4 years,	The duration of the malady is by dulness, and getting worse; should be confined without delay.
Do. do.	Private, male,	18	From infancy,	He is at present in a destitute condition from want of clothing and food.
Do. do.	Pauper, male,	44	Do.	Not cared for; and stands in much need of clothing.
Do. do.	Pauper, female,	32	Do.	She does not appear to be sufficiently clothed or well cared for.
Kilchrennan, ...	Pauper, male,	73	20 years,	Not properly clothed nor fed, and troublesome to the lieges.
Kilfinan, ...	Private, male,	30	12 years,	Living on his brothers' means, who are able to support him; not kept in good order.
Do.	Pauper, female,	19	From birth,	Living with her mother; not well kept.
Kilmore and Kilbride,.....	Private, male,	15	Do.	Is an idiot; always confined to house; wears no clothes; is properly fed and cared for.
Do. do.	Private, female,	42	Do.	Is rather dangerous, and is always getting worse.
Kilninian and Kilmore, ...	Private, male,	24	Do.	This man wanders the district; he is very ill clothed, and nearly naked; an idiot.
Do. do.	Pauper, male,	65	Do.	Very insufficiently fed, and considered dangerous on the slightest provocation.
Do. do.	Pauper, male,	26	Do.	Very poorly clothed and ill fed; often sleeps out at night; requires to be bound to prevent mischief.
Do. do.	Private, female,	22	Do.	This girl not well attended to; has a very wild appearance, though not considered dangerous.
Knapdale, North,.....	Pauper, female,	50	3 years,	Is well clothed and fed; but requires to be confined to prevent mischief
Do. South,.....	Private, male,	17	From infancy,	This person is an idiot. He is well cared for; always confined to bed, but quite harmless.
AYR.				
Ardrossan, ...	Pauper, female,	75	23 years,	Poorly clothed and cared for; quiet.
Auchinleck, ...	Private, male,	20	9 months,	Is not at all cared for; is dangerous; would require to be confined.
Ayr, ...	Private, female,	31	From birth,	Has three illegitimate children; indifferently clothed and fed.
Do.	Pauper, male,	13	Do.	Is very mischievous; indifferently clothed, fed, and cared for.
Do.	Pauper, female,	26	Do.	Has two illegitimate children; not sufficiently clothed and fed.

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Ballantrae, ...	Pauper, female,	78	From birth,	Harmless; receives parochial relief directly; neither clothed, fed, nor cared for. She gave birth to M. W., a lunatic, who resides with her, and receives parochial relief directly. She also is quiet, but neither clothed, fed, nor cared for.
Craigie, ...	Private, female,	33	Do.	Locked into a room, and otherwise badly used.
Cumnock, New, ...	Pauper, female,	48	Do.	Indifferently clothed and fed; has had three illegitimate children.
Do. Old, ...	Pauper, male,	30	Do.	Very indifferently clothed and cared for.
Do. do.	Private, male,	13	Do.	Very indifferently clothed and cared for,
Dailly, ...	Do.,	17	Do.	Harmless; badly clothed, fed, and not cared for.
Dalmellington, ...	Pauper, male,	44	Do.	Very indifferently clothed, fed, and cared for.
Dundonald, ...	Pauper, female,	30	6½ years,	Not sufficiently cared for in respect of support.
Fenwick, ...	Private, male,	40	20 years,	Well cared for; confined at times to prevent mischief.
Girvan, ...	Pauper, male,	27	From birth,	Harmless; 2s. per week indirectly. Neither clothed, fed, nor cared for; a miserable bed.
Kilmaurs, ...	Private, male,	43	40 years,	Well cared for; requires to be confined.
Kilwinning, ...	Do.,	25	From infancy,	Well cared for; sometimes confined to prevent mischief.
Do.	Pauper, male,	83	6 years,	Well cared for; requires to be confined to prevent mischief.
Do.	Pauper, female,	11	From infancy,	Quiet; poorly clad and cared for.
Kirkmichael, ...	Private, female,	22	1 year,	Dangerous; ought to be confined in an asylum. Not well done for.
Largs, ...	Private, male,	65	7 years,	Confined to the house to prevent mischief.
Maybole, ...	Pauper, male,	36	From birth,	Harmless; receives parochial relief directly. Neither clothed, fed, nor cared for.
Do.	Private, male,	36	14 years,	Very dangerous at times, and should be lodged in a proper asylum. Not well done for, nor cared for.
Do, ...	Private, female,	25	6 years,	Outrageous at times; requires strait-jacket, &c.; not well cared for. She has to be watched at times, for fear of her doing harm to herself or others.
Sorn, ...	Pauper, female,	39	From birth,	Very indifferently cared for; had one illegitimate child.
Stewarton, ...	Private, male,	30	Do.	Quiet; very poorly clothed and cared for.
Straiton, ...	Pauper, male,	23	Do.	Harmless; receives 12s. per month directly from Dumfries parish. Not well clothed nor fed. Well cared for; he cannot walk nor chew.
Do.	Do.,	28	Do.	Rather dangerous at times; receives parochial relief indirectly. Badly clothed and fed, &c.

Do.	Do.,	38	10 years,	Very dangerous; goes at large through Ayrshire. He was born in Patna Straiton, which parish put him into an asylum.
BANFF.				
Banff,	Pauper, female,	70	22 years,	Was at one time confined in a strait-jacket; but is now much better.
Boyndie,	Private, male,	24	5 years,	Sometimes very troublesome; had to be bound once to prevent him doing mischief. His mother got £1 for him from the board, but he is not a pauper.
Do.	Pauper, male,	67	From birth,	Has a miserable-like house; also dirty, and would be easily set on fire.
Do.	Private, female,	68	20 years,	Has some money in the Bank; has a miserable-like house.
Forglen,	Do.,	55	10 years,	Appears to be very well clad and cared for; but her trouble takes her at times very rapid, when she appears pretty well. In consequence she leaves the house, and perambulates the locality from house to house, and, as it were, takes possession of them. Often wades across the river during the day, and likewise at night, and at times while it is dangerous for a person of sound mind to cross; never puts off her shoes or stockings to cross.
Gamrie,	Private, male,	50	7 years,	Very troublesome, and ill fed, and not well clothed; seems very ill off.
Do.	Pauper, female,	43	28 years,	Often bound to prevent mischief; altogether unmanageable; often quite naked, and in a most abominable state of filth.
Do.	Pauper, male,	68	From birth,	Very ill clothed, and very filthily kept; he is very quiet and inoffensive.
Keith,	Private, female,	50	Do.	Is a harmless person; is neither well fed nor well cared for; is maintained by a relative.
Kirkmichael,	Private, male,	35	8 years,	Is well cared for, but requires to be confined once a month.
Do.	Do.,	8	From birth,	Is not well cared for; is allowed to run about the street when horses and cattle are passing.
Do.	Private, female,	60	2 years,	Is well cared for, but at times threatens self-destruction.
Marnoch,	Private, male,	50	From birth,	These two persons live alone; are considered to be dangerous to the public; and there is neither stool nor chair, bed nor blanket in their house; very miserable. They receive occasional help from parish.
	Do.,	48		
Mortlach,	Pauper, female,	75	Do.	This person has plenty of clothing, but never thought it proper to wear it; never had children.
Rathven,	Private, female,	40	10 years,	She resides with her mother; never leaves her bed; one of her hands is fastened with a strap to the bedpost. She has passed the greater part of ten years in this way.
Rothiemay,	Pauper, male,	9	From birth,	Is much in want of warmer clothing; is particularly helpless.
BERWICK.				
Chirnside,	Private, female,	19	From birth,	Appears ill clothed and fed; no children.
Do.	Pauper, female,	43	Do.	Brother and sister. A very uncomfortable and dirty house; no children.
	Pauper, male,	50	5 years,	

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Hutton, ...	Pauper, male,	11	From birth,	Merely 2s. a week for mother and son ; barely kept.
Do.	Do.,	64	Do.	His brother has just 1s. 6d. a week to keep him. He is a great burden upon the family, as he is stout and healthy.
CAITHNESS.				
Cannisbay, ...	Private, female,	30	Do.	This person was once bound ; is now ready to be sent to an asylum. She is very weak and nervous. Should have been in an asylum long ago ; well fed and clad.
Latheron, ...	Private, female,	27	Do.	Very great objects, and very ill attended to ; neither well fed nor well clad.
	Private, male,	21	Do.	
	Do.,	10	Do.	
Do.	Do.,	65	4 years,	Bordering on insanity ; neither well fed nor clad ; should be getting relief.
Do.	Pauper, female,	45	From birth,	12s. a quarter, from Latheron board, for an illegitimate child ; not well fed nor clad.
Do.	Pauper, male,	78	Do.	20s. a quarter from Latheron board ; neither well fed nor clad ; should be in an asylum.
Do.	Pauper, female,	55	Do.	12s. a quarter from Latheron board ; had an illegitimate child about eighteen years ago ; not very well cared for.
Do.	Do.,	52	18 years,	9s. a quarter from Latheron board ; had two illegitimate children ; not well fed nor clad.
Wick, ...	Do.,	58	From birth,	Ill fed and ill clad ; had two illegitimate children.
CLACKMANNAN.				
Clackmannan, ...	Private, female,	35	23 years,	Not well cared for.
Do.	Pauper, female,	36	30 years,	Not well cared for.
Do.	Private, female,	20	From birth,	Not well cared for ; had one child.
DUMBARTON.				
Bonhill, ...	Pauper, female,	40	Do.	Not kept clean ; very light clothing ; harmless.
Do.	Private, male,	29	Do.	Not kept clean ; light clothing ; harmless.
Cardross, ...	Pauper, male,	36	7 years,	He is very harmless, but not very clean kept.
Do.	Pauper, female,	9	7 years,	She is very steery, and neither well clad nor clean kept.
Do.	Pauper, male,	58	From birth,	In no way well cared for, to appearance.

Do.	Pauper, female,	65	7 years,	Harmless; well cared for; but not at liberty.
Do.	Pauper, male,	45	14 years,	Innocent; well cared for; but not at liberty.
Kilpatrick, Old,	Private, female,	40	3 years,	She is often very outrageous.
Do. do.	Private, male,	20	From birth,	It is necessary at times to bind him, but this seldom occurs. He is generally quiet, and goes about begging, and but scantily clothed; no shoes, summer or winter.
Kirkintilloch,	Private, female,	50	15 years,	Sometimes outrageous; well cared for; in good circumstances.
Do.	Do.,	35	From birth,	In poor circumstances; lame from her birth; gave birth to a child.
DUMFRIES.				
Annan,	Private, male,	50	Do.	Is badly clothed, and appears very much neglected; is very quiet.
Do.	Private, female,	45	2 years,	She is well clothed and cared for; supported by a daughter who is a weaver. They are not fed as they ought to be.
Canonbie,	Pauper, female,	55	8 years,	Said female is furious at times, and is not a fit person to reside by herself; is not properly clothed and fed, and not cared for.
Do.	Do.,	21	5 years,	Said female is mild and quiet; has given birth to an illegitimate child, and is not sufficiently clothed and fed.
Dumfries,	Private, male,	27	From birth,	Well clothed, fed, and cared for; very quiet generally; has sometimes to be bound.
Do.	Pauper, male,	38	From do.	Fed, but not clothed or cared for; quiet; very dirty.
Do.	Pauper, female,	62	18 years,	Well fed, clothed, and cared for; had two illegitimate children; occasionally violent.
Kirkpatrick-Fleming,	Private, female,	50	25 years,	She is locked up in a room, and never seen.
Do. do.	Private, male,	50	3 years,	Is supported by his family; is getting very rude within the last six months.
EDINBURGH.				
Currie,	Pauper, male,	45	6 years,	This person has been twice confined in an asylum, and was only liberated about four weeks ago; since which time, he has been entirely confined to his bed. He is well clad, and has 2s. 6d. worth of provisions per week off the parish, but has none to look after or take care of him.
Inveresk,	Pauper, female,	48	8 years,	This person is very outrageous when interfered with, but otherwise she is quiet and harmless; is of opinion that the neighbours wish to get herself and family murdered. Never gave birth to any illegitimate children.
Kirknewton,	Private, male,	29	8 years,	This person is quiet and harmless; very indifferently clad.
Lasswade,	Private, female,	34	12 years,	Is not sufficiently clothed. Her father is a spirit-dealer.
Leith, North,	Pauper, male,	36	From birth,	This person is at times employed about Newhaven; is harmless, but, if roused, he becomes dangerous; he is but poorly clothed.
Penicuick,	Private, female,	42	22 years,	This person is very violent at times, and, when in that state, has to be bound and put under restraint by her friends. She appears to be well clothed and fed.

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Penicuick,	Pauper, female,	30	From infancy,	This person is not dangerous, but requires watching; never had any children; is taken care of by her sister, who keeps her very clean; has 10s. per month from Lasswade parish.
Stow,	Pauper, male,	23	Do.	These two persons have often been complained of. They are maintained by the parish, and I consider they ought not to be at large.
	Do.,	17	Do.	
Do.	Private, female,	18	Do.	This person works a good deal out-by; but is severely chastised at times by her parents.
ELGIN.				
Abernethy,	Private, male,	20	From birth,	As to feeding, the same as the rest of the family; but badly clothed.
Do.	Pauper, male,	28	Do.	The general feeding of the house; but very badly clothed.
Do.	Private, male,	17	From infancy,	Requires attendance; is a burden to his parents; requires to be sufficiently clothed and fed.
Duffus,	Pauper, male,	34	From birth,	Is quite harmless; confined to bed for the last twelve years; is very poor.
Kinloss,	Private, male,	30	8 years,	It is highly necessary that this person should be confined, to prevent mischief.
Urquhart,	Private, male,	50	24 years,	Sufficiently clothed and fed; always chained, to prevent mischief.
FIFE.				
Anstruther, Easter,	Pauper, female,	61	20 years,	Indifferently cared for, and gets outrageous at times, and annoys her neighbours, and ought to be confined in an asylum.
Do. Wester,	Private, male,	9	From birth,	Not properly attended to; is blind and very harmless.
Carnbee,	Do.,	47	12 years,	Well clothed and fed, and cared for; is harmless; never comes out of doors.
Ceres,	Pauper, female,	78	From birth,	Well clothed, fed, &c.; had an illegitimate child about fifty years ago; gets outrageous at times.
Do.	Do.,	50	Do.	The child mentioned in the preceding case; is well clothed, &c., gets outrageous [at times.
Cults,	Private, female,	77	Do	Is very wild at times, and requires watching; is well cared for; has had no child.
Cupar,	Do,	28	Do.	Has to be watched closely; is well clothed, fed, and cared for; has had no children.
Dairsie,	Do.,	39	Do.	Has to be constantly watched; has had no children; is well cared for.
Do.	Pauper, female,	15	Do.	Is very outrageous; has to be bound at times; has had no children; is well cared for.
Dysart,	Private, male,	55	25 years,	Always in bed; is very dirty and not well cared for; appears quiet.

Do.	Pauper male,	33	12 years,	These two are very dirty; their house is shameful; and they are not properly looked after by the parochial board.
	Do.	24	3 years,	
Kilrenny,	Private, male,	45	From birth,	Sometimes gets outrageous. Is at present in Cupar jail, on a charge of assault; is well clothed and fed; works occasionally.
Leslie,	Private, female,	45	Do.	Sometimes outrageous, and sometimes confined.
St. Andrews,	Private, male,	27	Do.	Indifferently kept; never out; is harmless.
Do.	Pauper, male,	26	Do.	Is confined in a room; sometimes gets outrageous; has only a jacket and bed-clothes; should be confined in an asylum.
Scoonie,	Do.	48	14 years,	Well cared for; has been twelve years in bed, and is very weak.
Wemyss,	Private, male,	21	From birth,	Has been confined in the house a year or so to prevent mischief.
Do.	Private, male,	40	8 years,	Lies nearly constantly in bed; is quiet; and moderately looked after.
Do.	Private, female,	47	15 months,	Very dirty; is seldom in her own house. Her son, aged fourteen, looks after the house when the others are at work.
FORFAR.				
Dundee,	Pauper, male,	11	From birth,	This person lives with his mother, a poor woman, and appears ill clothed and not well cared for. His mother says she has occasionally to restrain him by tying his hands.
Inverarity,	Private, female,	45	Do.	Gave birth to an illegitimate child; not sufficiently clothed.
Liff and Benvie,	Pauper, female,	27	Do.	Does not seem to be well looked after; much need to be shifted; goes with men.
Do. do.	Do.	47	12 years,	Not much looked after, nor well attended to.
Do. do.	Private, female,	60	20 years,	Very ill; confined in a room; seems to be clean.
Lintrathen,	Pauper, male,	50	3 months,	Attempted to cut his throat; but is now sane and quiet.
Logiepert,	Private, female,	20	From birth,	This woman has been in a state of imbecility since she was a child, but is worse since she gave birth to two children, about six months ago—illegitimate children. She does not appear to be in a dangerous state; she is not well provided for, neither is she well clothed.
Mains,	Pauper, male,	60	Do.	Seems to be poorly looked after.
Montrose,	Do.	37	Do.	Occasionally furious; and the governor (of a charitable institution in which he is placed) does not consider him an apt person for the house.
Do.	Pauper, female,	11	Do.	Sometimes very furious; much given to dishonesty.
Do.	Private, female,	20	Do.	Unable to move but when lifted; but well kept.
Do.	Pauper, male,	27	Do.	Is kept continually in bed; always in a state of nudity, as he tears every article of clothing that he can get hold off; and lies among some straw in his father's house.
Newtyle,	Do.	55	2 months,	Three months ago this person tried to commit suicide by cutting his throat.
Do.	Pauper, female,	70	20 years,	Is well clothed and fed; is at times ill to manage.

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
HADDINGTON.				
Dunbar,	Private, male,	11	From birth,	Is well kept ; has to be tied by the neck, and his hands tied behind him, (to prevent him falling off his chair, and picking sores on his face.)
Do.	Do.	34	Do.	Is dangerous when irritated.
Garvald,	Pauper, female,	58	Do.	Not sufficiently clothed and fed, and not well cared for.
Humbie,	Private, female,	21	From infancy,	Appears insufficiently clothed and fed. Has no person in charge of her while her father is at work, and it is necessary she should be confined, or have some one to take charge of her.
Oldhamstocks,	Private, male,	49	6 years,	Not sufficiently fed nor well cared for ; is in receipt of an annuity of £6 per annum.
Tranent,	Do.	16	From birth,	Is well cared for ; occasionally very unmanageable, but not considered bad enough to be put in confinement.
INVERNESS.				
Ardersier,	Pauper, male,	39	8 years,	Bad by times ; cannot depend on him.
Croy,	Private, female,	10	5 years,	Well clothed and fed ; unfit to walk out ; a great object.
Inverness,	Pauper, female,	50	Not known,	Pretty well clothed ; not advisable to leave her without some one in charge, though she is harmless.
Do.	Private, male,	40	5 or 6 years,	Occasionally dangerous, and has consequently been twice under restraint ; has house property ; is well clothed.
Do.	Pauper, female,	45	8 years,	Very troublesome ; steals vegetables, such as potatoes, turnips, &c. ; breaks down and carries away palings, &c., for firewood ; and has much need to be confined. Was confined in the poorhouse for some time, but made her escape.
Do.	Pauper, male,	40	From infancy,	This lunatic is dressed in a jacket and kilt ; has no shoes in summer. His dress altogether has quite a disgusting appearance.
Do.	Do.	24	16 years,	Neither well fed nor clothed ; but otherwise cared for.
Kilmallie,	Pauper, female,	68	20 years,	Had one illegitimate child ; requires to be bound at times.
Do.	Private, female,	30	27 years,	Requires to be confined sometimes.
Do.	Pauper, female,	44	22 years,	Apparently well fed and clean, but ill clad.
Do.	Do.	36	From infancy,	Not well clothed, but otherwise well cared for.
Kilmorack,	Private, male,	38	9½ years,	Generally kept in confinement, and, if let loose, might be both dangerous to himself and to others ; occasionally handcuffed ; well fed and clothed.

Kiltarlity,	Pauper, male,	70	16 months,	Is always kept in, and warm in bed; sometimes gets crabbed; but the wife is able, as yet, to manage him; well fed.
Do.	Pauper, female,	40	15 years,	For the last twelve months, almost keeping her bed; well clothed and well fed. She is quiet, and does not go from the door; but her husband complains that he does not get enough to support her, as she will require a nurse always beside her. She has one daughter.
Kirkhill,	Pauper, male,	37	From infancy,	Very badly off for clothes, and bed-clothes. His mother complains she does not get enough to support him; bad food, and his bed very miserable; he is a good eater, though in bed.
Laggan,	Pauper, female,	61	52 years,	Well clothed and cared for; she requires to be confined at times; rather dangerous at times.
Petty,	Pauper, male,	21	3 years,	Not to be depended on by times.
Sleat,	Private, male,	28	2 months,	Was confined in Portree prison.
Small Isles,	Do.	28	From birth,	Deformed in body; complete idiot, but harmless; very destitute; his widowed mother receives a small indirect allowance from Mr. ——'s factor.
Uist, North,	Pauper, male,	40	Do.	This person reported as dangerous, and case under investigation by procurator-fiscal.
Do. South,	Private, female,	27	Do.	Blind, and bed-ridden. } Brother and Sister.
Do.	Private, male,	14	Do.	Blind, and badly clothed. } Brother and Sister.
Do	Private, female,	16	Do.	Quite naked, with the exception of a piece of old blanket.
KINCARDINE.				
Banchory-Ternan,	Pauper, male,	25	From birth,	Has not the management of himself.
Benholm,	Private, male,	16	8 years,	He is quiet; not very well clad nor cared for; he is often seized with epilepsy.
Dunottar,	Pauper, male,	47	19 years,	Well clothed and fed; never committed any acts of violence; but falls into a state of great excitement at times.
KINROSS.				
Orwell,	Private, female,	65	30 years,	Has to be shut up in her own house at times.
Do.	Private, male,	31	5 years,	The constable is of opinion that this person is not well cared for.
KIRKCUDBRIGHT.				
Dalry,	Pauper, male,	54	From infancy,	When annoyed by boys at public places, which he frequents, he often gets into fits of blasphemy; seems to be very well cared for.
Girthon,	Private, female,	26	3½ years,	Badly clothed, fed, and cared for, and very ill to manage, as she is sometimes like to kill her mother, by abusing her, and threatening to drown herself.
Do.	Pauper, female,	60	From birth,	Badly clothed, fed, and cared for; very quiet; has had two children.
Kirkmabreck,	Private, male,	12	From infancy,	This person never could speak nor walk; mostly confined to his bed, and kept by his mother, who appears to be a poor woman, and unable to look after him, for she has no means, and in poor circumstances. Came some five years back to Creetown, and belongs to the county of Wicklow, and has nothing from the parish authorities. Apparently in a very destitute state from want of means.

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Urr,	Private, female,	25	From birth,	Badly fed, clothed, and cared for; harmless.
Do.	Do.	22	Do.	Badly fed, clothed, and cared for; harmless.
Do.	Do.	22	Do.	Badly fed, clothed, and cared for; harmless.
Do.	Do.	23	12 months,	Well clothed, fed, and cared for; but at times under no control, and would require to be well guarded, to prevent mischief.
Do.	Pauper, male,	34	From birth,	Badly clothed, and fed, and cared for; harmless.
LANARK.*				
Crawfordjohn,	Do.	68	Many years,	Indifferently clothed and fed.
Walston,	Do.	—	Only occasionally since he arrived at manhood,	He has been twice in confinement. On the latter of these occasions, he had been guilty of several acts of malicious mischief; but having been apprehended under warrant, at the instance of the procurator-fiscal, he was found to be of unsound mind, and unfit for trial, and he was, therefore, sent to Glasgow Lunatic Asylum, and there detained till declared to be cured.
* (Eighteen more cases are reported in this County as indifferently or badly cared for.)				
LINLITHGOW.				
Bathgate,	Pauper, female,	50	From birth,	Neither well clothed nor fed.
Do.	Private, male,	30	Do.	Ill clad, and ill cared for.
Linlithgow,	Pauper, male,	33	Do.	Well fed, clothed, and cared for; bound, to prevent mischief.
Queensferry,	Pauper, female,	24	Do.	Not well cared for; is a nuisance to the public; continually going about begging.
Whitburn,	Do.	60	2 years,	A widow; so far as I can judge, she is not well cared for, and not well clothed.
NAIRN.				
Auldearn,	Pauper, male,	50	From infancy,	Not well clothed or fed.
Do.	Pauper, female,	50	20 years,	Well clothed and fed; sometimes very frantic.
Nairn,	Private, female,	60	From infancy,	Not well clothed, fed, or cared for; exceedingly destitute.
Do.	Pauper, female,	18	Do.	Not well clothed or cared for; an inquiry into her condition is at present taking place, under the Act 4th and 5th Vict., Cap. 60.
ORKNEY & SHETLAND.				
ORKNEY.				
Cross and Burness and North Ronaldshay,	Private, female,	58	15 years,	Occasionally forcibly restrained.

Firth, ...	Pauper, male,	17	From birth,	Must either be constantly bound, or have a very powerful person present to prevent the destruction of himself or others. Is so fatuous that he knows no person; is extremely powerful, and must be fed and clothed as an infant.
Hoy and Græmsay, ...	Private, female,	54	About 4 years,	Is often noisy, loudly reproaching herself about nobody knows what; is well cared for.
Do.	Private, male,	34	About 7 years,	Is regarded by his parents, with whom he resides, as rather dangerous at times, and they have wished him to be sent to an asylum. He was sent away at one time, but after being kept for a week or two in the jail at Kirkwall, was sent home again. Is well cared for.
SHETLAND.				
Bressay, ...	Private, female,	23	From infancy,	Idiot and dumb; of a mischievous disposition, tearing and burning her clothes, and fond of burning everything she can get hold of. Appeared well fed, but almost naked.
Do.	Do.	54	7 or 8 years,	Lunatic; and has occasionally been bound to prevent her doing injury to herself or others. Occasionally works a little, but cannot be trusted by herself. Sufficiently clad and well cared for.
Delting, ...	Pauper, male,	30	From infancy,	Lunatic and dangerous; has often to be bound or put in a strait-jacket. Is very poorly clothed and fed.
Do.	Pauper, female,	45	15 years,	Fatuous, but quite harmless. Said to have lost her reason in consequence of having been jilted by a methodist parson to whom she had been housekeeper; clothed in rags.
Dunrossness, ...	Pauper, male,	40	10 years,	Insane, and at times violent and dangerous; clothing filthy and ragged. Since visited, has been apprehended under Dangerous Lunatic Act.
Do.	Private, female,	73	20 years,	Fatuous and occasionally insane. In the more violent attacks has made attempts on her life; ordinary clothing, and well cared for.
Fetlar and North Yell, ...	Do.	49	From infancy,	Lunatic, and often violent and mischievous; miserably clad. Is one of the quarter poor, and goes from house to house in certain districts of the parish appointed by the parochial board.
Do. do. ...	Pauper, female,	49	20 years,	Insane, and very destructive, particularly in respect of clothing; had on a flannel shift, very filthy, and no other garment.
North Mavine, ...	Private, male,	15	From infancy,	Idiot, deaf and dumb. Has to be carefully watched, and kept during the day bound in a chair, to prevent him injuring himself. Eats everything he can get hold of; was in a state of nudity.
Do.	Do.	35	Do.	Fatuous, and during past eight years has been gradually getting worse. Has latterly become furious, and is of a vindictive and revengeful disposition; talks incessantly and incoherently; sufficiently clothed and fed.
Sandsting, ...	Pauper, female,	60	Do.	Chiefly fatuous, but occasionally insane, and has often been bound; miserably clothed and fed; has no bedding. Had an illegitimate daughter about 20 years ago. Lies on a little straw in a corner, without bed-clothes.

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Sandsting,.....	Pauper, male,	70	12 years,	Occasionally very violent; has been frequently bound and put in a strait-jacket; clothing and bedding very poor. Cannot be kept clean; looks wild.
Do.	Do.	32	From infancy,	Idiot; very restless, and of a mischievous disposition. No clothing, but a long canvas slip, as he tears his clothes. Does not possess the instinct of an animal.
Do.	Private, male,	35	Do.	Did not see this individual, but got information from respectable parties. Is fatuous, and of a violent and mischievous disposition; is in rags; natural son of an idiot mother.
Do.	Do.	42	Do.	Fatuous; well clothed and fed. Is very violent; will occasionally assist in carrying burdens.
Do.	Pauper, female,	54	Do.	Fatuous, but sometimes insane. Has occasionally threatened her own life, and from her violent disposition had to be watched by men. Subject to melancholy and weeping fits; poorly clothed and fed.
Do.	Private, male,	20	Do.	Idiot; poorly clothed. Can walk erect, but generally goes on all fours; violent and dangerous if provoked.
Do.	Private, female,	23	Do.	Idiot; much addicted to burning anything within her reach, apparently for amusement. Can hear but not speak; well clothed and attended to.
Do.	Private, male,	11	Do.	Fatuous to an extent bordering on insanity; attempts to burn and destroy everything within his reach. On one occasion set fire to the house from the outside. Well clothed and fed.
Do.	Pauper, male,	40	10 years,	Fatuous. Returned to Shetland 10 years ago in this state, and paralyzed. Had been a seaman in the Royal Navy. Is poorly clothed and fed, and resides with a brother miserably poor and sickly.
Tingwall, ...	Private, male,	7	From infancy,	Idiot, and lame; almost naked, and very dirty. Food scanty, family being miserably poor.
Do.	Pauper, male,	15	Do.	Idiot, dumb and lame; never walked, and seems devoid even of ordinary instinct. His hands must be kept constantly tied up to prevent him tearing himself; apparently well taken care of.
Do.	Private, female,	36	17 years,	Lunatic, and noisy; clothed in rags; shockingly dirty, and apparently ill fed.
Do.	Pauper, female,	60	16 or 18 years,	Fatuous, and approaching to lunacy. Has occasionally been deranged, and so violent as to require a strait-jacket. Has latterly been quiet; sufficiently clad.

Do.	Do.	27	From infancy,	Lunatic and mischievous; constantly tearing her clothes. Apparently well fed, but in a state of nudity.
Do.	Do.	74	About 20 years,	Lunatic and for some years so violent as to require binding and strait-jacket; latterly has become quiet and harmless. Appears to be well clothed, fed, and attended to; wanders about very much in the neighbourhood.
Unst, ...	Do.	46	From childhood,	Fatuous and mischievous; frequently tearing and burning her clothes; 12s. yearly from parochial board; clothing ragged, and food often scanty.
Do.	Do.	48	2 years,	Lunatic, poorly clad; is occasionally violent; must be watched by day, and is locked up in a wooden bed-place at night. Can with difficulty be induced to take food, and force must be used to get her cleaned. Parochial board pay 4s. per week for having her taken care of.
Do.	Private, female,	26	4 years,	Insane, violent and dangerous. Clothing next to none; bedding very miserable. Has received 2s. in cash, and some clothes on one occasion from parochial board; not sufficiently cared for.
Walls, ...	Pauper, female,	17	From infancy,	Idiot; little removed from an animal. Is harmless; apparently healthy and well fed; but miserably clad. Can't speak, but makes a strange whining sort of noise.
Do.	Pauper, male,	17	Do.	Idiot; will eat raw fish, or any filth he can lay his hands on. Has no sense of decency in obeying the calls of nature; of a virulent and mischievous disposition; miserably clad; is illegitimate.
Do.	Do.	26	Do.	Insane; very violent, mischievous, and dangerous, and has been obliged to be repeatedly bound, during the past 18 months. Under charge of a man employed by parochial board; poorly clad.
Do.	Pauper, female,	29	Do.	Fatuous; poorly clad. Of a violent disposition, and possesses no kind of intelligence; seems well fed.
Do.	Private, female,	68	Do.	Fatuous; of a violent and revengeful disposition; tolerably clothed; would not speak or answer any questions; is supported by private charity.
Do.	Pauper, female,	30	Do.	Idiot; an illegitimate child of a fatuous mother. Occasionally violent; poorly clad, and cannot take care of herself.
Do.	Private, female,	60	20 years,	Fatuous, approaching to insanity; in mere rags. Can with difficulty be kept out of the fire; has repeatedly been burned; cannot be kept clean.
Do.	Do.	38	From infancy,	Lunatic and dangerous; being of a violent and mischievous disposition, has hurt several children, and neighbours now afraid to trust their children out of their sight for her.
Do.	Private, male,	50	7 months,	Insane; has frequently threatened to take away his life, and some weeks ago leapt over a precipice about 120 feet high; escaped most miraculously with a few bruises; well clothed.
Do.	Pauper, female,	40	From infancy,	Fatuous; resides in a wretched hut with her mother, an aged woman. Is helpless; had an illegitimate child 13 years ago, also fatuous, (see next case); tolerably clothed.

APPENDIX K.—*Continued.*

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Walls, ...	Pauper, female,	13	Do.	Fatuous, almost to idiocy, and residing with her mother, (last case); tolerably clothed.
Yell, ...	Do,	45	Do.	No fixed residence; wanders from place to place. Idiot; deaf and dumb; quite harmless, and sufficiently clothed and cared for by parochial board.
Do.	Private, female,	39	10 or 12 years,	Insane, with lucid intervals; is frequently very violent, and must be watched to prevent her doing mischief. She often threatens the life of her mother, who occupies the same room with her; is tolerably clothed and fed.
PEEBLES.				
Linton, West, ...	Private, male,	78	50 years,	Occasionally very furious, and has to be put under restraint; sufficiently clothed and fed.
PERTH.				
Alyth, ...	Do.	16	From birth,	Is dangerous; roams at large; does mischief; and stones people when challenged.
Balquhidder, ...	Private, female,	50	3 years,	Turbulent; not well kept; had a family previous to becoming insane.
Blair-Athol, ...	Pauper, male,	67	37 years,	Ordinarily well clothed, but is often endeavouring to get away.
Do.	Private, male,	20	From birth,	Is looking very miserable and hungry-like; appears unwell.
Cargill, ...	Do.	27	17 years,	Dangerous; well clothed; had to be bound when he lost his reason; but is now infirm, and unable to do mischief.
Comrie, ...	Do.	53	12 or 15 years,	Labours under impression that people are to injure him; but has hurt no one as yet.
Coupar-Angus, ...	Do.	20	From birth,	Harmless; badly clothed.
Do.	Private, female,	40	Do.	Harmless; badly clothed; gave birth to two illegitimate children, one of them by a married man.
Do.	Private, male,	25	4 years,	Dangerous; well clothed.
Do.	Private, female,	40	2 months,	Dangerous; well clothed; is jealous of her husband; wanders at night.
Dull, ...	Pauper, male,	23	7 years,	Is a poor-looking object, but well clothed ordinarily.
Do.	Do.	32	From birth,	Is ordinarily well kept; malicious, and wishing to abscond.
Do.	Do.	27	15 years,	Violent, and sometimes had to be bound; deaf and blind; well cared for.
Dunkeld, Little, ...	Private, female,	21	From birth,	Her people are poor; she is generally badly clothed, and does not appear to be well fed or cared for.
Fortingall, ...	Pauper, female,	46	30 years,	Dangerous; receives £11 annually from parish of Blair-Athol; well used.
Kenmore, ...	Private, female,	30	7 years,	Dangerous, and violent at times; well clothed and cared for.

Kirkmichael,	Pauper, female,	43	From birth,	Very violent, and dangerous when checked; well clothed; has given birth to an illegitimate child.
Do.	Do.	30	Do.	At times very violent; ill clothed, and cannot be well fed; parents very poor.
Do.	Private, male,	4	1½ years,	Augurs future violence; is well clothed and fed.
Logierait,	Do.	80	From birth,	Harmless; badly clothed and fed; and not well treated.
Do.	Pauper, male,	40	22 years,	Sometimes violent, and had to be bound; well clothed and cared for.
Do.	Private, female,	62	5 years,	Very outrageous and violent at times; but well taken care of.
Moulin,	Pauper, male,	44	From birth,	Very violent and dangerous; not well clothed, but well fed.
Do.	Private, male,	32	Do.	Very outrageous and violent at times; but well taken care of.
St. Martins,	Pauper, male,	67	26 years,	Dangerous; ill clothed.
Do.	Private, female,	41	10 years,	Harmless; ill clothed; had an illegitimate child by a married man.
Weem,	Pauper, female,	65	8 years,	Sometimes violent, and had to be bound; well clothed and cared for.
RENFREW.				
Abbey,	Private, male,	30	2 years,	Appears comfortable, but mischievous towards his wife.
Eastwood,	Do.	16	From infancy,	This person not well clad, having neither shoes nor stockings. His father is a collier, and has six children, none of whom are able to work.
Do.	Pauper, female,	19	Do.	This girl appears to be well cared for; she is, however, but thinly clad, having only an old petticoat. Her mother expects some clothing from the parochial board soon.
Do.	Private, male,	64	20 months,	This person has got a considerable amount of money, and his relatives pay a man wages to attend to him, both by night and by day, at his own house.
Do.	Private, female,	46	4 or 5 years,	At times pretty well; at other times gets into violent fits of jealousy and passion; is well clothed and looked after.
Innerkip,	Do.	40	From birth,	She has always been quite fatuous, but very harmless, and confined constantly to the house. Indeed she is unable to do almost anything for herself.
Lochwinnoch,	Pauper, female,	60	6 years,	This lunatic not taken care of as she ought to be; very noisy at times.
Do.	Do.	56	2 years,	Confined in a room. Had two illegitimate children; noisy at times.
Do.	Do.	56½	15 years,	She has to be confined at times, but is well taken care of.
Do.	Pauper, male,	71½	23 years,	This lunatic is very quiet, and very well cared for; does not come out of house.
Do.	Do.	37	From birth,	He ought to be better cared for; is very noisy at times; works with farmers.
Do.	Private, male,	20	Do.	His father is not able to support him; he is neither clothed nor fed as he ought to be.
Neilston,	Private, female,	16	6 years,	Appears poorly fed and clad; parents very poor.
Do.	Do.	50	1 week,	Appears comfortable; rather outrageous.
ROSS.				
Avoch,	Pauper, female,	12	From infancy,	Not well fed or clad.
Killearnan,	Private, male,	56	1 year,	Not well clothed or fed, and is in poverty.

COUNTIES AND PARISHES.	Condition and Sex of Insane Person.	Age.	Duration of Malady.	REMARKS.
Killearnan,	Pauper, male,	14	Infancy fatuous,	Not well clothed or fed.
Do.	Pauper, female,	24	16 years,	Not well clothed or fed.
Kilmuir, Easter,	Private, male,	24	6 years,	He was confined in Morningside Asylum. At times must be confined and under restraint, but is well cared for.
Kintail,	Pauper, male,	18	5 years,	Deficiently clothed, and deficiently fed.
Do.	Private, male,	6	Since birth,	Not well kept.
Do.	Do.	4	Do.	Father destitute; child, in consequence, not well attended to.
Knockbain,	Do.	25	6 years,	Not well clothed and fed.
Do.	Private, female,	38	17 months,	Well clothed and fed; were obliged to bind her frequently.
Lochcarron,	Pauper, male,	65	28 years,	Sufficiently clad and well cared for; bound by chain on one of his legs.
Tarbat,	Do.	55	From birth,	A harmless person; with difficulty kept clean.
Urray,	Pauper, female,	33	Do.	Residing with her uncle; she is very sickly-like, and not well clothed.
ROXBURGH.				
Bowden,	Do.	40	10 years,	Confined four years in Edinburgh; not safe to be left alone.
Do.	Private, male,	50	30 years,	Stays alone; very surly.
Do.	Pauper, male,	19	From birth,	Idiot; bad case; his parent a widow, and poor.
Cavers,	Private, female,	34	From infancy,	Sometimes well clothed; often ill fed; has no one to care for her.
Lilliesleaf,	Pauper, male,	33	6 years,	Wanders about; at times ill to manage.
Linton,	Private, female,	13	5 years,	Neither well clothed nor fed; parents poor.
Melrose,	Do.	20	From infancy,	Badly clothed and fed.
St. Boswell's,	Do.	15	From birth,	Very dirty, and not well clothed.
Yetholm,	Private, male,	65	15 years,	Well clothed, well fed, and well cared for; most of the time confined in his own house to keep him from going away.
STIRLING.				
Airth,	Pauper, male,	33	From birth,	Appears to be not sufficiently clothed, fed, or cared for; is quiet.
Alva,	Do.	17	3 years,	His aunt is poor, and unable to support him; sometimes sleeps out of doors all night; harmless.
Do.	Private, male,	30	5 years,	At the present time at work; but sometimes rather troublesome, and not free of danger when in drink.
Campsie,	Pauper, female,	44		Confined to bed, and very harmless; became chargeable on the 26th February 1851; never gave birth to illegitimate children.

Falkirk,	Private, male,	13	From birth,	Appears to be not sufficiently clothed, fed, or cared for; is quiet.
Fintry,	Pauper, female,	40	From infancy,	Seems well cared for; but tears and destroys many clothes, to prevent which, her hands are sometimes tied; otherwise harmless; never had any illegitimate children.
Lecropt,	Pauper, male,	35	From birth,	He is lame, and cannot walk, and is never out of the house.
Muiravonside,	Pauper, female,	22	Do.	Is not sufficiently clothed, fed, and cared for; has had no illegitimate children; is quiet, and constantly in bed.
St. Ninian's,	Private, female,	27	10 years,	Dangerous; but continually watched, and well clothed and fed; sometimes gets furious, and has to be bound to prevent mischief.
Stirling,	Private, male,	18	10 years,	Has been committed to an asylum by the Sheriff, on proceedings at the instance of the procurator-fiscal, for being dangerous, and having committed assaults, under the Act 4th and 5th Vict., Cap. 60, § 3; but was liberated on bond of caution, and is well watched, either in the house or on the street, when he gets out.
SUTHERLAND.				
Kildonan,	Private, male,	60	20 years,	Has been frequently under restraint; at present free.
Do.	Pauper, female,	44	12 years,	Harmless, and well kept.—(Referred to in Report.)
Do.	Private, male,	20	From infancy,	Harmless; but not well kept.
WIGTON.				
Inch,	Pauper, male,	54	From infancy,	He resides at Cairnryan, and is very poorly clad.
Kirkmaiden,	Private, male,	20	Do.	Very ill clothed; seems cared for.
Luce, New,	Do.	40	Do.	This man appears to be well fed, but badly clothed. He supports himself as a farm servant.
Stoneykirk,	Pauper, male,	26	Do.	Rather ill clothed; but otherwise cared for.
Do.	Private, male,	17	Do.	Indifferently clothed; seems otherwise cared for.
Stranraer,	Pauper, male,	22	Do.	Appears not to be well clothed, nor cared for.
Whithorn,	Do.	13	From birth,	Appears to be but poorly fed and clothed.
Do.	Private, female,	7	Do.	Both poorly fed and clothed.

APPENDIX L.

SPECIAL REPORTS ON INDIVIDUAL LUNATICS, MADE BY THE PROCURATOR-FISCAL, OR SUPERINTENDENT OF POLICE, OF THE COUNTY IN WHICH THE PATIENT IS RESIDENT.

NOTE.—*The cases, which are here given in detail, may be considered as forming a supplement to Appendix K. Their number might readily have been mutiplied; but we deem it sufficient to corroborate, by a few detailed descriptions, the account which we have given in our Report of the condition of the Insane, who are resident with relatives and strangers.*

1. Case of pauper lunatic residing in the parish of Lochcarron, Ross-shire.
2. Case of pauper lunatic residing in the parish of Montrose.
3. Case of pauper lunatic residing in the parish of Rathen, Aberdeenshire.
4. Case of private lunatics, M. D. and J. D., residing at F——.
5. Case of private lunatic, J. A., residing in the parish of U——.

No. I.

Case of Pauper Lunatic belonging to Lochcarron Parish.

Report by the Procurator-Fiscal, at Dingwall, on the Condition of A. M., a Male Pauper Lunatic, aged 68, residing at Achintee in the Parish of Lochcarron.

Visited 21*st March* 1856.

The hamlet of Achintee, where the lunatic is confined, is about 48 miles from Dingwall, and within 3 miles of the village of Jeantown. It is part of the estate of Applecross, now belonging to His Grace the Duke of Leeds.

The dwelling in which the lunatic is kept is of the most wretched description. Its dimensions outside the walls are about 9 yards by 4; the walls about 4½ feet high, about 2½ thick, and are composed of turf. The house is thatched with heather, and the roof is pervious to rain in several places. The

Appendix L. I.

Case of Pauper Lunatic belonging to Lochcarron Parish.

door, which is about 4 feet high, opens directly into the place where the lunatic is confined. The dimensions of this place are about 9 feet by 7. It has no window, nor any opening for one; the turf walls are bare, and the floor is of earth. When visited it contained no furniture of any description except the bed to which the lunatic is confined by his chain. There is no fire-place: there are several holes in the roof of the apartment, and crevices at the sides of the door.

When the door is opened it almost conceals the bed, which consists of fir deals nailed together, and raised about 2 feet from the floor. There was literally no bedding; but a quantity of loose moss was spread upon the boards of the bed, in the midst of which the lunatic sat. His person was wrapped up in a scanty piece of blanket—old and dirty—and two pieces of old bedcover. These rags were wrapped about his shoulders and trunk, and with this exception he was perfectly naked. There were no blankets or other covering for the bed. The sister stated that she had two spare pieces of blanketing to change the rags upon his person when they required washing, which she said was done once a fortnight; but that she had no other clothing or covering for the lunatic.

There is another apartment in the house occupied by the lunatic's sister, who is an unmarried woman of about 70 years of age, and who has sole charge of the lunatic. Her room contained a fire-place, a bed and bedding, and some rude articles of furniture.

She stated that the lunatic's food consisted of potatoes and herrings, porridge and treacle, and oat cakes; that he generally gets three meals a day, and that he takes his food without assistance. The food in the house, when visited, consisted of about 2 stones of oat meal, some potatoes, and a few salt herrings.

The lunatic is always chained, and has been so for the last 30 years. The chain consists of 13 iron links, and is about 2½ feet in length. One end is fastened to the side of the bed with an iron staple, and the other is passed round his right ankle, and fastened with an iron bolt and nut. He has never left the bed to which he is chained; but about 10 years ago he was carried to his present abode from his former dwelling, distant about 200 yards. With this exception he has not been out of a house since he was first confined.

He is stated to have been insane for the last 40 years, and to be now about 63 years old. For 10 years after he became insane he wandered about the country; and his sister understands that he was put under restraint in consequence of a complaint by the late Sir Hugh Innes of Lochalsh, Baronet, to the then procurator-fiscal at Dingwall. His knees are now contracted and drawn up to his chest, and completely rigid, so that if at liberty he would be incapable of moving otherwise than by

Appendix L. I.

Case of Pauper Lunatic belonging to Lochcarron Parish.

crawling on his hands and knees. He is stated to be occasionally furious and excited: and on such occasions he throws about the moss and the deals of his bed and tears his coverings. When visited he was quiet and docile, but talked incoherently.

His face does not exhibit the appearance of ill health, but his frame is emaciated. He is never washed, with the exception that he washes his face once or twice in the course of a year. He clips his beard with a pair of scissors once or twice a month, or oftener. His person is not grossly or offensively dirty. He voids his excrements over the edge of the bed upon the floor. His urine is passed amongst the moss, which his sister says is occasionally changed.

The case of this lunatic having accidentally come to the knowledge of Mr. Cameron, the Sheriff-Substitute, about 10 years ago, he visited him personally, and found him in a condition very similar to that above described. He in consequence communicated the matter to Mr. Jardine, then Sheriff of the county, with a view to the man's removal to a lunatic asylum, and Mr. Jardine brought it under the notice of the Board of Supervision; with the result, as Mr. Cameron understood at the time, of an arrangement being made with Mr. Mackenzie of Applecross, the proprietor, or the parochial board, by which a new and suitable dwelling was to be provided for M. and his sister, and a fixed allowance made to her from the poor's funds for attending and taking care of him.

It would appear, accordingly, that the present house is not the one in which Mr. Cameron saw the lunatic; and I find that the allowance made to the sister by the parochial board is 12s. 6d. a month, which, however inadequate, is more than she was formerly receiving.

No. II.

Case of Pauper Lunatic belonging to Montrose Parish.

Report by the Procurator-Fiscal, at Forfar, on the Condition of a Male Pauper Lunatic of the Parish of Montrose.

Visited 19th March 1856.

The procurator-fiscal begs to report that he has personally inspected the house in which R. L., aged 27 years, the lunatic is kept, and that he has also seen the lunatic himself, and reports as follows:—

1. The accommodation is very bad. It consists of a small house of two apartments, in which there are living, a man, his wife, a boy in delicate health, and the lunatic. The man, his wife, and the boy, occupy and sleep in one of the apartments, and the lunatic in the other.

2. The lunatic has no clothing whatever, with the exception

of a shirt, which, at the time the procurator-fiscal visited the house, was tolerably clean.

Case of Pauper Lunatic belonging to Montrose Parish.

3. The bedding was very bad, and could hardly be called bedding. It consists of a quantity of shavings placed upon rough boards, which are covered by a coarse sheet. The bed was swarming with vermin of every description, and the lunatic's person and shirt bore the marks of them. The procurator-fiscal was told by the lunatic's father, that he got porridge and milk to his breakfast, potatoes or broth to his dinner, and porridge and milk to his supper.

4. From the inquiries that the procurator-fiscal has made, he does not find that the lunatic has at any time been chained or tied in any way.

5. The lunatic is never at any time allowed to go out of the house, which is very confined and has no ventilation whatever.

6. The lunatic, so far as the procurator-fiscal could judge, seems to be in good bodily health; he is fat, but his person seems much marked with vermin, and his shirt, which his father states was put on clean two days ago, was much marked with blood from vermin.

7. The lunatic, with the above exceptions, seems tolerably clean.

8. The lunatic is dirty in his habits.

9. The procurator-fiscal was told by the lunatic's father, that he is washed once every week, and, from his appearance, there seems no reason to doubt this statement.

In conclusion, the procurator-fiscal has no hesitation in saying, that the house where the lunatic is kept, and the accommodation generally, is altogether unfit for the purposes that it is put to. The house is low in the roof, has no ventilation, and the rooms are mere closets. The smell on entering the house is intolerable. The lunatic's father is a jobbing shoemaker, and receives 1s. 4d. per week from the parochial board for the maintenance of the lunatic, and £3 sterling per annum, as house-rent.

No. III.

Case of Pauper Lunatic belonging to Rathen Parish.

Report by the Procurator-Fiscal, Peterhead, on the Condition of W. M., a Male Pauper Lunatic.

Visited 20th March 1856.

The house at Greenhill, in which the lunatic resides, is of the usual description of cottars' houses, and presents in the interior an appearance of cleanliness and order. Mrs. D., wife of a farm-servant, is the person in charge of the lunatic, and for this service she receives two shillings weekly, from the parochial board of Rathen.

Appendix L. III.

Case of Pauper Lunatic belonging to Rathen Parish.

On entering the house, which consists of two apartments, I found the lunatic sitting on a stool by the fire, in the apartment ordinarily used by the inmates. That apartment contained Mrs. D.'s bed, and an erection near to the fire-place measuring 2 feet in width by about 3 feet 9 inches in length, one side of which was composed of wooden bars of about 4 feet in height, and having a door at one end. It also contained a bed with sliding doors in front, erected close to the wall, about 5 feet in length, by 2½ feet in breadth. This last, I was informed by Mrs. D., was the lunatic's sleeping-place.

Mrs. D. further informed me that the erection of wooden bars was made while the lunatic resided with his father who is now dead, and that it was the practice then to confine him in it almost constantly, in consequence of the disposition to commit violence which he from time to time evinced. She, however, states that it is never now used by her for that purpose, but that when she has occasion to leave the lunatic alone in the house for a short time, she puts him within it until her return, in order to prevent him from injuring himself by falling into the fire: he has never shown a violent disposition since he has been under her charge. He does not seem to have the least aversion to the erection; and, while I was in the house, he entered it voluntarily several times. He cannot walk without supporting himself by grasping something, and he seemed pleased to move along the wooden bars. With the exception of that erection, I saw nothing to indicate that any forcible restraint was used towards him; and Mrs. D. assured me that unless when she had occasion to leave him alone, as I have before stated, she never restrained him in any way.

The lunatic's clothing consisted of a blue serge petticoat, a coat, a vest, a cotton neckerchief, a cotton shirt, and shoes and stockings. These articles were supplied by the parochial board. Mrs. D. stated that she had another petticoat, to be worn when a change was required, as also a coat, which she exhibited, and which was in a very ragged state. She said that the inspector of poor was not willing to supply her with some additional clothing for him, which she had requested.

The lunatic's bedding consisted of 2½ pairs of blankets and a bed-cover, all of which were in a more or less filthy state. Mrs. D. said that she had taken out the bed to-day in order to supply it with fresh chaff, and that it was in process of being washed, but would be ready for him by night.

His habits are, she stated, extremely filthy, and he soils or wets his bedding nightly. She washes his face and hands daily, the upper part of his person once a week, and other parts of his body when it is required; but she complains that, notwithstanding, he is liable to frequent attacks of vermin.

Appendix L. III.

I also learned that he crawls to the door every day if it is fair; he was out to-day, but only just outside the door.

Case of Pauper Lunatic belonging to Rathen Parish.

I refer to Mr. Comrie's Report, which accompanies this, for farther particulars as to the condition of the lunatic.

From inquiries which I made in the neighbourhood, I learned that the general opinion as to the treatment of the lunatic was favourable; and from what I myself saw, I have no reason for supposing that it is harsh, or accompanied with restraint beyond what I have already mentioned.

Medical Certificate by John Comrie, Surgeon, as to the Condition of W. M.

I hereby certify, on soul and conscience, that on the 20th day of March 1856 I visited W. M., a fatuous person residing with W. D., Greenhill, parish of Rathen. W. M. is afflicted with congenital idiocy; he is about 30 years of age, is of very spare habit of body, even somewhat emaciated. His clothing did not appear to me to be sufficiently warm for the preservation of his health: it consisted of a serge flannel petticoat, an old coat and waistcoat, a cotton shirt, and cotton handkerchief, stockings and shoes. His person was decently clean, but his habits, I was informed, were very filthy. The natural functions of his body are all performed wherever he happens to be, and also in the bed where he sleeps, without his giving any intimation or sign to those in charge of him. His bed-clothes were perhaps sufficient in quantity, but they were wretchedly filthy: they were said to have been washed recently, but they had been worn so long that, from his filthy habits, it was impossible to wash them clean. His whole appearance was very idiotic.

No. IV.

Cases of M. D. and J. D., Private Lunatics.

Report by the Superintendent of the Constabulary Force of the County of ——, on the Condition of M. D. and J. D., two Private Female Lunatics resident with their Father at F——.

Visited 14*th December* 1855.

The father, aged 63, is a blacksmith by trade, although he has not worked in that line for some years. The house in which he resides is his own; it is an old-fashioned two-story house, ill lighted and ventilated. There are four rooms in it: two up stairs, and two down. One-half is let to tenants. The other two rooms, the one down stairs and the other up, are kept for his own use.

On entering the lower room, where D., his wife, and two in-

Appendix L. IV.

Cases of M. D. and J. D., Private Lunatics.

sane daughters live, I found M., aged 27, confined in a strong wooden cage in the corner of the room, in a state of complete nudity, and hardly a vestige of anything to cover her—nothing whatever in the shape of bed-clothing to be seen. An old wooden bed-stead was in this cage, similar to those used in our strong-rooms, but there was nothing but the boards. She was in a most filthy, dirty state, and quite furious, using awful oaths. It is 13 years since she became insane, and, for the last 9 years, has been quite furious, and appears to be exceedingly dangerous, as she tears every article of clothing to pieces the moment it is given her; and if she had any opportunity of doing an injury to either her father or mother, she would do it. Hence the reason of D. getting this wooden cage for his own protection, as well as for her safety.

In a close boxed bed, immediately adjoining this cage or crib, is the other daughter, J., aged 32, also quite insane, but quite harmless. She became insane in June last, and after being kept in her father's house for some six or seven weeks, was sent to the Royal Asylum at ———, where she remained for three months, and was brought home by her father on the 7th inst., as he could not afford to keep her any longer there. He paid for the quarter the sum of £9, 10s. She appears to have been benefited by her stay in the asylum, but she has relapsed into her old state since she came home. She, also, is kept in a most filthy state.

D. and his wife are naturally inclined to be dirty in the extreme, and I regret to say both drink a good deal of whisky. They say this is to drive care away when they think of their daughters. They both smelt very strongly of whisky when I visited them, although neither of them was drunk.

This room is small, and at same time damp, having an uneven earthen floor—dark, and fearfully dirty. The stench drove me out twice—it was so strong. All cooking goes on in this filthy place. Both D. and his wife appear to be kind and attentive enough to their two daughters, and I do not think they use any degree of harshness to either of them,—on the contrary, I think they seem fond of them; but from their being naturally inclined to be so filthy themselves, and from their advanced age, they are totally unfit to take charge of either of these unfortunate creatures, and certainly far less to take charge of both, especially as the one is furious and dangerous. M. has been in this crib for about 5 years, and has not been out of doors for the last six months, but closely confined to this abominable den, with the exception of a short time that she was removed to the up-stairs room, a short time back. They are afraid to let her out, in case she may do some bodily harm either to themselves or her sister; and I think, from the state I saw her in, that if she were to get out, she would not be long before she did some

Appendix L. IV.

Cases of M. D. and J. D., Private Lunatics.

sad mischief to one or other of them. I believe the food they get is such as the two old people take themselves. I believe it to be coarse and badly cooked, but I have no doubt but what they get sufficient of it, such as it is.

Some three months ago a gentleman* called and examined the house, and found great fault. After this M. was moved to the upstairs room, where there are two boxed-in beds, and for some time after she appears to have been kept tolerably clean. This room is much better lighted and ventilated, and, when cleaned up, would be equal to the ordinary run of labourers' dwellings;—but it appears she completely overpowered the two old people, and they found it necessary to take her down stairs again and confine her in this crib; and it appears to have been at this time that the constable had returned her as "well cared "for."

D. holds his property by his wife. I am, however, informed, that, since his second daughter was taken ill, he was compelled to get money upon it; and as he works none himself, and both tipple and drink, I fear there is not much left for comforts to themselves or daughters. The old woman is barely sane herself, and there can be no doubt but it is from her side the daughters inherit their present disease. J. was bred to the straw-bonnet making, and up to the time she was seized, worked very hard, and brought in a great deal of money by her industrious habits; and, so far as I can hear, was considered a very modest, well-behaved young woman.

I may state that, after finding these two poor creatures were kept in such a filthy state, I went for the inspector of poor, and took him to the house, in order that he might see the real condition which these two women were in. I did this, although I was aware that they were not on the poor's-roll.

No. V.

Case of J. A., Private Lunatic.

Report on the Condition of J. A., a Private Male Lunatic, residing in the parish of U——, ——shire, condensed from the Precognition made by the Superintendent of Police of the County, on 19th March 1856.

The lunatic is 61 years of age, and lives in a cottage containing a kitchen, room, and closet, along with his father, aged 93, his brother and three sisters. The closet is opposite the door, between the room and kitchen, and contains the bed of the lunatic. The house is built of turf, very low, and of one story. The side walls are not more than 5 feet high. The whole floor

* One of the Commissioners.

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Case of J. A., Private Lunatic.

is earthen. The closet, in which the lunatic sleeps, is very damp—has no fire-place; and the window is blocked up. It must be very cold in winter. The bed is a truckle bed, very low, the boards or bottom of the bed resting on the floor, and above them is the chaff bedding. The bed-clothes were quite clean, and consisted of three pairs of blankets and a covering.

The lunatic has been deranged about 40 years. He was at first allowed to go about the neighbourhood, but as complaints were made of him, he was chained.

He is chained beside the kitchen fire. The chain, which seemed to be a trace chain, such as is used for plough or harrow harness, is about two yards in length, and is fastened at one end with a padlock round his right ankle, and at the other to an iron tether-stick driven into the floor. He sits on a stool by the fire all day. When he wants to relieve nature, he asks out, and is allowed to go, some one always looking after him. Sometimes, but seldom, when the day is cold, he makes water in a chamber-pot at the fireside.

He goes to bed about 8 or 9 o'clock, with the rest of the family. The chain is then lengthened by a rope, which is fastened to the foot of a dresser in the kitchen, and is carried through a hole in the partition between the kitchen and closet, remaining fastened to his ankle. The family have been 25 years in this house, during all which time the lunatic has been chained. He was also chained, for about 10 years, in the house they previously occupied. He is never out for the purpose of getting exercise, but, in fine sunny weather, he may be out for a turn or two occasionally in front of the house.

The lunatic is subject to fits of passion at irregular periods. At these times he cries loudly, stamps with his feet, and fences with his arms. He never tries to strike, and has never hurt any one. But the people were frightened, and his family were obliged to confine him.

At present his usual state seems to be one of fatuity. He gets the same food as the others. He is shaved once a week, and is then washed, if he will allow it, but sometimes he will not allow any one to touch him. However, he is generally washed at least twice a week. He is cleanly in his habits. He was dressed in a coat, waistcoat, and pair of trousers, and had on a cotton shirt, a pair of plaiden drawers, and a pair of stockings. He wears no shoes, as he would destroy them at the fire. His shirt and stockings are changed once a week, and his drawers once a fortnight. His skin was clean, with the exception of his hands, which were dirty or smoky-looking.

The family rent a farm of about 100 acres, for which they pay £45 a year.

The general impression upon the superintendent's mind was, that the lunatic was well taken care of.

APPENDIX M.

EVIDENCE TAKEN BEFORE THE ROYAL LUNACY COMMISSIONERS FOR SCOTLAND.

LIST OF WITNESSES.

1. Thomas Rennie Scott, M.D., Musselburgh.
2. Mr. George Laurie, Surgeon, Musselburgh.
3. Mr. Alexander M'Donald Sanderson, Surgeon, Musselburgh.
4. William Malcom, M.D., Physician to Murray's Royal Asylum for Lunatics, Perth.
5. Henry Sanderson, Esq., Surgeon, R.N., Musselburgh.
6. John Smith, M.D., Fellow of the Royal College of Physicians, Edinburgh.
7. John Hill Burton, Esq., Secretary to the General Board of Directors of Prisons in Scotland.
8. Mr. John Gould, Principal Clerk in the office of the General Board of Directors of Prisons in Scotland.
9. Archibald Davidson, Esq., Sheriff of Aberdeenshire.
10. William Stuart Walker, Esq., Secretary to the Board of Supervision for Relief of the Poor.
11. Mr. George Greig, Inspector of Poor, St. Cuthbert's parish, Edinburgh.
12. Mr. John Hay, Inspector of Poor, City parish, Edinburgh.
13. Mr. Robert Wilson, Surgeon, Inspector of Poor, Inveresk.
14. Sir Archibald Alison, Bart., Sheriff of Lanarkshire.
15. John Coats, M.D., Glasgow.
16. Mr. Robert Thomson, Proprietor of Hillend Asylum, Greenock.
17. John Thomson Gordon, Esq., Sheriff of Edinburgh.
18. Robert Renton, M.D., Fellow of the Royal College of Physicians, Edinburgh.
19. James Howden, M.D., Assistant Physician to the Edinburgh Royal Asylum.
20. David Skae, M.D., Fellow of the Royal College of Surgeons, Edinburgh, and Physician to the Edinburgh Royal Asylum.
21. Harry Rainy, M.D., Fellow of the Faculty of Physicians and Surgeons, Glasgow.
22. Mr. George Croal, Inspector of Poor, Perth.
23. Robert Hunter, Esq., Sheriff of Dumbarton and Bute.
24. John Christison, Esq., Sheriff of Ayrshire.
25. Mr. William Porteous, Clerk in the Sheriff-clerk's office, Edinburgh.
26. A. M'Intosh, M.D., Physician to the Glasgow Royal Asylum.
27. Robert Macfarlane, Esq., Sheriff of Renfrewshire.
28. Mr. James D. Kirkwood, Inspector of Poor, Govan parish, Glasgow.
29. Maurice Lothian, Esq., Procurator-Fiscal for Edinburgh.
30. Robert Christison, M.D., F.R.C.P.E., and Professor of Materia Medica in the University.
31. John Leech, M.D., M.A., Glasgow.
32. Charles Ford, M.D., Surgeon to the Barony Poorhouse, Glasgow.

33. Mr. John Charles Fraser, Principal Clerk in the office of the Accountant of the Court of Session.
34. John Maitland, Esq., Accountant of the Court of Session.
35. W. A. F. Browne, M.D., Physician to the Royal Asylum, Dumfries.
36. James Simson, M.D., Fellow of the Royal College of Surgeons, Edinburgh.

NOTE.—For the sake of brevity, we have omitted the questions put to witnesses, and given their evidence in the form of narrative. To guard against error from this procedure, and otherwise to insure accuracy, the evidence of each witness was submitted to him for revision.

Wednesday, 9th May 1855.

ALEXANDER EARLE MONTEITH, Esq., Chairman of the Commission, in the Chair.*

Dr. T. R. Scott, 9th May 1855.

1. THOMAS RENNIE SCOTT, M.D., Musselburgh.—Examined.

Houses attended.

I attend the patients at Mrs. Thomson's House at Inveresk, except those who are attended by Dr. Sanderson, as old patients of his. I also attend Mr. Mackay's House, called Millholme House, and Mr. Scott's at Musselburgh, also Miss Campbell's, or Gordon Castle. I am appointed in each case by the proprietor; I am appointed under the Lunacy Act, but I have no special duties named, nor is my engagement in writing.

Duties as Medical Attendant.

My view of my position is, that if I saw anything decidedly objectionable as to diet, clothing, warmth, means for bathing, &c., it would be my duty to interfere; I cannot say I have ever had occasion to interfere in the manner indicated. With reference

Separation of Sexes.

to the association of the sexes, I have represented that there was not sufficient separation; that was in a house formerly occupied by Scott. I think that in the present house there are perfect facilities for the separation of the sexes; when I say perfect, I mean that such separation is possible. I never had reason to believe that immoralities occurred in the old or present house.

Mechanical Restraint.

As regards mechanical restraint, it is applied at the discretion of the keeper of the house. I record the instances of restraint in the register, but I believe it is not my duty to do so; the keeper tells me verbally when restraint has been used. There

Seclusion.

is no record of seclusion—that also is employed at the discretion

Shower-bath.

of the proprietor. The shower-bath is used at the discretion of the proprietor. I never was aware that the shower-bath was used as a punishment; it is used as a curative measure by my orders occasionally, and also by the proprietors as a curative measure. I know it is used for cleansing the patients sometimes, when they first come in, in place of a hot bath. I cannot undertake to say it is never used as a punishment or as a threat, nor can I affirm that it has never been used as a

* The Chair was occupied by Mr. Monteith at all the future sittings.

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punishment. It may have been used as a punishment without my knowledge.

Dr. T. R. Scott. 9th May 1855. Occupations and Amusements.

I take no part in regulating the exercise of the patients beyond the bounds of the asylums. There is a great want of the means for occupation in all the pauper asylums, from the want of suitable accommodation. As respects amusements I do not much interfere, but I have recommended a bowling-green at Mackay's, and newspapers.

Attendants.

If I were to think that the patients were suffering from the want of a sufficient number of attendants, I should represent the fact to the proprietors, but I should have no power to enforce my advice; this is more properly a matter for the Sheriff. I might complain to the Sheriff: I am not aware that the present Sheriff has interfered in this way—but the late Sheriff, Mr. Speirs, did so about ten years ago. He made some bye-laws which were printed, I think; it is possible that Mackay may have a copy.

Visits of Medical Attendant.

I make my visit several times a week, and my assistant attends almost daily; I should say every second day, that would be below the average. The visits are not made at any fixed hour. In making my own visit I do not on each occasion visit every part of the premises, nor go round the whole of the house; I think I do that about once a fortnight. I have never made a round at night, but I have been called in, in the night time. I never visited so as to ascertain how many patients were fastened to their beds. I do not examine the bedding to see if the beds are dry, nor to observe how many blankets they have upon them. I think it is very important that the insane should have sufficient clothing and bedding. I have seen single patients in bed, but did not observe a deficiency. I never saw the patients in bed in the outhouse at Scott's: I do not know where he keeps his clean straw; I take no notice of these matters in a general way, that is left to the proprietor.

Position of Medical Attendant.

I feel that the whole position of the medical officer is an anomalous one; I think the medical officer has no power or authority by law, and that from custom he in fact never has had any power. I might report abuses to the Sheriff, but I have never done so. I think it is placing a man in a very false position to make him depend upon the proprietors for his remuneration; if the medical officer were to make suggestions not agreeable to the proprietor, he feels that he might be at once dismissed.

I think that proprietors would carry out my suggestions were I to make them. I have made no suggestions to Scott as to the improvement of his house, and the accommodation of his patients.

Admission of Patients.

As regards the admission of patients—unless the patient is greatly excited, or otherwise requires immediate attention, I am not generally informed of a new admission until my next visit; in fact I rarely see the patients immediately on their admission.

I have reason to know, however, that patients are frequently

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D. T. R. Scott. 9th May 1855.

brought to the houses in restraint; and I think that this restraint is used in bringing patients to an unnecessary extent. Some patients are brought from long distances occasionally, but I am not aware of any fatal result from this cause. I recollect a female being brought from Selkirk with a fracture of the neck of the thigh bone some time ago. I have seen women brought to asylums occasionally by men only, no woman being present; sometimes a policeman accompanies the party bringing the patient.

Discharge of Patients.

I consider that I am the responsible person to promote the discharge of a patient when he is well; I do so irrespectively of the visit of the Sheriff. The course I take when I think a patient is recovered, is to inform the proprietor of my opinion, who then takes steps for his discharge; sometimes, however, the patients are kept to the end of the quarter. I do not think that patients are sometimes kept too long because they are useful as servants; I do not recollect any instance in my experience of a patient having been improperly kept when cured; the only large house of which I have experience is Mackay's. The patients are often removed by the inspectors, and this is done, as I am told, because other persons have agreed to take them for a smaller sum.

Records.

I do not keep any books relative to the condition of the house or of the patients, except the register kept at the asylum. I think that proper registers would be very useful and important.

Remuneration of Medical Attendant.

In the pauper establishments my remuneration is at the rate of 10s. 6d. per patient per year; it is calculated by the number of patients who happen to be in the house at the end of the year. For private patients, such as at Thomson's asylum, I am paid at the rate of one guinea per patient; where the attendance on one of the richer patients has been great I sometimes receive extra remuneration; this does not occur in reference to the pauper patients. The medicine is charged for in addition to the attendance.

Licenses.

When a new house is to be opened I do not know if it is examined; but I know that no official examination was made of Scott's new house. I went into it once or twice before it was opened, but made no suggestions, and it was fitted up by Scott in his own way. The Sheriff asked me for a certificate relative to Scott, which I gave, expressing at the same time my opinion that his aunt should remain as the manager of the house; the name of the aunt was not in the license. Scott, at one of the half-yearly inspections, informed the Sheriff that he was about to move to a larger house; and I believe an inspection of the other house was promised, but it was never made. There is no such thing as licensing a house for a particular number of patients; but the Sheriff may refuse to license the admission of any new patients.

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During the winter the patients get very little out-door exercise.

Dr. T. R. Scott. 9th May 1855. Exercise, Crowding, &c.

The rooms were warm at Mackay's and Scott's, but they were of course not very sweet, as they are far too crowded at Mackay's; it did not, however, seem to affect the health of the patients. I have a record of deaths which I hand in; I have made this record from the books of the asylum, and it is correct. I have had experience of public asylums, and I do not think that the statistics shew any great difference in the number of cures in them and private asylums. Sometimes patients are brought to the asylums in a very bad state. I have sometimes recommended a patient to go out on trial, even if not quite recovered; but if they come back, they must have fresh certificates.

Functions of Sheriff.

I consider that the Sheriff's duty, on the occasion of his visits, is to inspect the house and see that no patient is improperly confined.

Mackay's House.

At Mackay's Asylum we receive all sorts of patients, frequently such as are recent, and many that are violent; indeed I am told that some have been sent who had been refused admission at public asylums, on account of their being so violent. I only remember one instance of violence to a patient; that was a keeper at Mackay's who struck a patient; he was immediately discharged. I have no reason to know that inspectors are offered any inducement, by payments or otherwise, to send patients to particular houses. I think some of the proprietors send circulars to the inspectors. I suppose it is probable that they hold out an inducement to send patients to them, by offering lower terms, and, it is possible, by offering other personal inducements.

Inducements to Inspectors.

Scott's House.

I remember the case of a girl, named ——.* I do not think Scott's a proper place for her, nor for a male patient, named ——.† They were both sent from the parish of K——; the male patient was previously at Morningside, and the female at Gartnavel.

General opinion of Witness.

Generally I wish to state that, so far as I have the means of knowing, I do not think that actual cruelty is practised towards the patients; but I think that the system by which the licensed houses are regulated is not good, and that the position of the medical man is anomalous.

Mr. G. S. Laurie. 9th May 1855.

2. George S. Laurie, Surgeon, Musselburgh.—Sworn and Examined.

Houses attended. Duties as Medical Attendant.

I am medical officer at Mr. Aikenhead's asylum at Lilybank, Musselburgh.—I was appointed by Mr. Aikenhead.—I was appointed to visit daily, and also to attend the patients who were sick; and I further volunteered to render any assistance

* Vide ante, p. 113. † Vide ante, p. 114.

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in regard to the treatment of the mental condition of the patients. There was no agreement in writing.

Mr. G. S. Laurie. 9th May 1855. Lilybank House: Diet.

I considered the diet within my province, and on Mr. Aikenhead coming into the house, I made a few suggestions relative thereto. I recommended that the patients should have meat in their broth, at least twice or thrice a week, alternating with milk or beer. No scale or table was drawn up. There are no means of testing the amount of the ingredients in the soup. I have tasted it. I do not consider myself responsible for the diet, and I have no power over it. I sometimes order extras (generally as the treatment for debility after illness); but I have rarely ordered extras in the ordinary diet. The dietary is the same throughout the year.

Clothing.

I am not responsible for the clothing; but I have advised, and my advice has been followed. The amount of clothing is a

Its insufficiency.

matter of degree. I should say that I could not have lived myself in the clothing of some of the patients during the past winter. Last year was a very severe winter, and it fared badly with the patients, as with ourselves. I did not hear the patients complain, but as a medical man, I should have wished them to have had more clothing. I think it would have been better for their health. I cannot point out a particular instance where disease arose from the deficiency. The general system would be weakened by deficient clothing, without any immediate indication of disease. I did not take the difference of clothing among the sexes into much account. I should have wished more clothing, but under the circumstances it was impossible, because the sums paid for maintenance would not admit of it. I sometimes thought that the proprietors must be losing.

Bedding.

As to the bedding, I have examined it; it might be improved. Some beds had sufficient, others had not. I do not know if any bedding has been taken off since the winter.

Fires.

I make a point of going occasionally through the whole of the patients at night. There were some places where there were no fires, where there were fire-places. I directed fires being made; that is, I recommended, and my advice was carried out. The room without a fire-place was occupied by females, one a paralytic case.

Washing.

The females are washed in a tub in the laundry. I do not know where the men wash. I never saw it or inquired. There

Shower bath.

is a shower-bath; I think it is used to refractory patients, on the responsibility of the proprietor. He reports afterwards to me; but it often occurs that it is used before I am informed. The shower-bath is used very successfully as a punishment for a fault, such as striking, or refusing to obey orders; and also for sanitary purposes.

Crowding.

If Mr. Aikenhead's house were mine, I would not like to have so many patients in it. It cannot be conducive to health to

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Mr. G. S. Laurie 9th May 1855

have so many patients locked up in small rooms, where there is no ventilation except by the windows. I think there are scarcely sufficient tables, and, without using the beds as seats, there would not be sufficient sitting accommodation.

Separation of Sexes.

I have heard of no inconvenience from the mixture of sexes in the cottage. I never heard of or saw any impropriety.

Mechanical Restraint.

Mechanical restraint is employed by the attendants at their own discretion. We have two males permanently restrained, one on account of violence, and the other because he runs away; both are fastened by handcuffs: these two are fastened both night and day. One wears at night a leg-lock, as well as his handcuffs: this is put on at his own wish. Two or three women are restrained occasionally. Indeed, restraint is employed as the only means we have in cases of violence. There is only one cell, that is on the male side: this has been used for the seclusion of several females. I used formerly to record the instances of restraint ordered by myself, and Mr. Aikenhead, those ordered by himself; but this record has not lately been kept, probably because we could not see any practical utility in it.

Record of Restraint.

Sheriff's visits.

The Sheriff's visits seem to me a mere matter of form. He does not appear to have made any remarks as to the use of restraint or otherwise. I have seen the printed regulations issued by the late Sheriff Speirs, but have no copy.

Exercise, Amusements, and Occupations.

I consider the exercise of the patients under my direction. No patients are allowed to go out beyond the premises. The men and women (a few) go out into the outer garden sometimes. The bowling-green is only recently formed; and there are, as yet, no bowls. The men and women, by my recommendation, never mix in their airing-courts. The men have nothing for occupation. If any patients work in the garden, they fall ill,—they become excited. I cannot say that the cause of their falling ill is the want of sufficient food to work upon. Those who work have some extra diet; that is given after the work is done. Only one man, in fact, now works voluntarily.

Attendants.

I have found no lack of attendants. I have heard of cases of complaint by patients, that they had been driven about by the keepers; but not of being struck.

Inspection by Medical Officer.

I should say that all the patients are thoroughly inspected by myself three times a week; and I turn up the beds about once a week. On my night visits, I have perceived a certain amount of bad smell, and I have advised better ventilation by opening the windows. Mr. Aikenhead has always paid strict attention to my directions in this respect. I have not seen more than two night-stools in the whole house. I think that so many persons being confined in small rooms without the means of ventilation, cannot be conducive to health. I think that if there were fewer persons in those rooms, it would promote the

Crowding.

Appendix M. No. 2.

Mr. G. S. Laurie. 9th May 1855.

health of those who remain. The patients are in their bedrooms about ten hours. The keepers in winter make up the fires the first thing in the morning; that is essential as a means of ventilation.

Admission of Patients.

When a new patient arrives, I am sent for. Generally, the patients are not brought in restraint. Generally, a male attendant brings both the male and female patients. Sometimes they are in very bad bodily condition. On the 29th of March 1855, a male patient was brought from Morningside, in a shameful condition. He was dirty,—he had an abscess on his shoulder,—his clothes were filthy,—indeed, he was in so bad a state, that I sent for the inspector of the parish of Inveresk, Mr. Wilson, to examine him.

Discharge of Patients.

When a patient is well, I discharge him. In the six years I have attended the house, only 26 have been discharged cured.

Records.

I do not keep any private books;—the only book is the Register at the asylum.

Remuneration of Medical Attendant.

My remuneration is 7s. 6d. annually for each patient, the medicine being charged extra. The numbers are calculated upon the numbers actually in the house on the 16th of May in each year.

Proprietor.

Mr. Aikenhead was a provision-dealer formerly. He has had the house at Musselburgh six years. I did not reccommend him to the Sheriff. When Mr. Moffat removed from the house, he removed with him certain patients who had been under his care. I considered that Mr. Moffat behaved ill in taking the patients with him, as the patients belonged to the house and not to the proprietor; and the Board of Supervision took the same view with myself. The guardians of the poor also wished the patients to remain, as they had been removed contrary to their wish. Ultimately, the patients were returned to Mr. Aikenhead.

I have made no report or suggestion to the Sheriff relative to the improvement of Lilybank.

Mortality among Patients.

Last winter, between the 19th of October and the 28th of February, 8 deaths occurred amongst the men, and 9 amongst the women. No *post mortem* examinations were made. Of the patients who died most of the men were upstairs, on the third floor; and most of the women in the room called the laundry. There were no extra nurses appointed in consequence of the sickness of the patients; no record was kept. The bodies of the patients were generally carted away, because no friends appeared to follow them. They were buried at the churchyard, Inveresk, without any religious ceremony whatever. The head keeper and undertaker attended.

Question.—Is it your opinion, as a medical man, that, under all the circumstances, all or any proportion of the 17 deaths that occurred last winter, were caused or accelerated by want of proper clothing and bedding?

Answer.—I could not say that they were. I have not con-

sidered the question. I attributed it to the severity of the weather; but whether they were properly protected from the weather, I am not prepared to say. I will not say that none of them did die from want of proper clothing. I decline to state my opinion without further consideration. Appendix M. No. 2. Mr. G. S. Laurie. 9th May 1855.

Since the 19th of October 1854 up to this date, there have been admitted 5 males, and 7 females. The patients from Perth arrived on the 5th of July: there were 7 females and 14 males; and on the same day, two patients were removed from Hallcross. Four of these patients died during the winter. Patients from Perth Asylum and Hallcross House.

I never see the Sheriff on the occasion of his visit; indeed, his visit is such a mere matter of form, that I do not think it is of any use whatever. Sheriff's Visit.

The number of patients in the asylum is now 73.

3. Alex. M'Donald Sanderson, Surgeon, Musselburgh.—Examined. Mr. A. M. Sanderson. 9th May 1855.

As former assistant to my father, and now as his partner, I attend:—Newbigging House, Mr. Abram Moffat; Seabank House, Mr. Alex. Moffat; Hallcross House, Mr. and Miss Reid; Mrs. Brownlee's House, Newbigging; Whitehouse, Mrs. Thompson; Eastfield, Miss Wotherspoon; and, as parochial surgeon and having paupers in the houses, I visit occasionally Lilybank, Aikenhead's; and Eastport House, Mr. Scott's. Houses attended.

I consider that my duties consist in observing whether the patients are properly fed, clothed, and well treated generally. I have no power to enforce my recommendations. I make recommendations generally as to exercise, diet, clothing, and bedding. I visited Lilybank several times last winter; several of my patients died, and I did not hear of their illness before death; I think that I ought to have had proper notice. I cannot undertake to state the exact condition of the patients' clothing; but this I can state, that several patients who left other asylums in good health, and were removed to Aikenhead's, soon after died; at least so I was informed, and I have understood that others became thin. Duties as Medical attendant. Mortality at Lilybank.

I think that both at Aikenhead's and Scott's the patients were not so well clothed as at Moffat's. I saw no fires at Aikenhead's in the bedrooms; indeed fires hardly appeared necessary from the crowded state of the patients. I did not examine the bedding, nor did Mr. Wilson, the inspector, who was with me; I thought the patients looked thinner. I once visited a female who had been taken into Aikenhead's without any authority; she had been taken in the previous evening; I declined giving a certificate as to her insanity; she was, however, two days in the asylum. Condition of Patients at Lilybank.

I attend three patients at Scott's occasionally; I had occasion Scott's Asylum.

Appendix M. No. 3.

to mention to Mr. Scott that they should be better clothed; they were in an outhouse warmed by a stove. I did not taste the food.

Mr. A. M. Sanderson. 9th May 1855. Newbigging House:

At Moffat's no diet table is kept; animal food is given daily with the broth, except when fish is given; I think the diet sufficient. I have it in my power to order extras, and Mr. Moffat does what I order; but I fear that, owing to the small payments made, Mr. Moffat is frequently a loser by patients who require many extras. I told Mr. Moffat that, if what I order is not done, I will at once give notice to the parochial board or to the Sheriff. The only thing I did not think quite satisfactory, is that the males appeared to be over-crowded, and I spoke to Mr. Moffat on the subject, who took steps to remedy the evil.

Restraint and Seclusion.

Very few patients are kept in restraint, but always with my knowledge and consent, and I expect to receive notice immediately, if a patient is restrained; I then visit the patient. The same rule obtains as regards seclusion. I think that the

Shower-bath.

shower-bath is never used as a punishment; it is sometimes used by my orders, when patients are in a state of excitement.

Separation of Sexes.

I see no objection to the mixture of the sexes in the airing-court; indeed, I think, if well and properly watched, such a mixture would be of advantage to some of the patients, but this would involve larger payments than are made for them. Several

Occupations.

patients go out beyond the walls. Some work at shoemaking and tailoring, and in the garden.

Night Visits.

I sometimes visit the wards at night; I find the rooms tolerably ventilated by the windows being partly down.

Condition of Patients last Winter.

I do not think that the cold of last winter caused any increased mortality amongst the patients at Moffat's; I had good fires made, and ordered a Guernsey jacket for each patient, and the other clothing was good. I think that if Mr. Moffat did not do what I told him I should not be in a proper position; I have, however, never had to report to the inspector of poor any neglect of my orders. I think it is very wrong to give so small a sum as £20 a year, and insist upon the proprietor finding the patients in clothes. I know that the parochial board have wished Mr. Moffat to take a patient for a less sum than £20, because another house had offered to take him for less.

Friday, 11th May 1855.

Dr. William Malcom. 11th May 1855.

4. Dr. William Malcom, Physician to Murray's Royal Asylum, Perth.—Sworn and Examined.

Removal of Patients to Musselburgh.

A number of pauper patients were removed from Murray's Asylum to Musselburgh last summer; I will furnish the dates after reference to the books. They were in good bodily health at

Mtives for Removal.

that time; their removal was solely a matter of expense, as the charge at Musselburgh was rather less than at the Perth asylum;

there was no concealment of that fact. The parishes to which the patients belonged were Perth, Crieff, Tippermuir, and another. Appendix M. No. 4.

Dr. William Malcom. 11th May 1855.

The friends of the patients were very averse to their removal, and expressed themselves much aggrieved. When the patients were at the asylum they often visited them, generally at intervals of about three or four weeks. Many were respectable people, but unable to get so far from home as Musselburgh. All the cases removed were chronic cases. Now, all the cases belonging to Perth parish are removed at once to Musselburgh. There is no workhouse at Perth; the patients are taken from their own homes, or from the police office, to which they are sometimes taken temporarily. The difference between the charge at the asylum and at Musselburgh is very small. Friends averse to Removal.

There is at present one patient in the asylum belonging to the parish of Perth; she is now paid for by her friends; that is, her friends pay the difference between the charge at the asylum and at Musselburgh. I have no doubt that many others would have done the same, rather than have had their friends removed, had they been consulted. At the time the patients were removed, no notice was given to the relatives, and the first intimation that some of them received of the fact, was when they made application to visit them as usual at the asylum. No Notice given to Relatives.

The mortality has been very small during the past winter at the asylum. The patients who were sent to Musselburgh were, on an average, in as good health as those who remained at the asylum.

The Sheriff of the county is very particular in signing his warrants; if certificates of insanity are brought to him signed by parties of whom he has no knowledge, he sends to me in order to ascertain that the persons signing are really medical men and persons of respectability. As respects the certificates of medical men, I think that it might be an advantage if they were bound to state the reasons for their opinion that a person is insane. Warrants and Medical Certificates.

I will send to the Lunacy Office a special report drawn up from the records in the asylum, as to the various topics contained in the form which has been given me.

Wednesday, 14th November 1855.

5. Henry Sanderson, Esq., Surgeon, R.N., Musselburgh.—Sworn and Examined. Henry Sanderson, Esq. 14th Nov. 1855.

I am a retired surgeon of the navy. I visit several of the lunatic asylums at Musselburgh:—Miss Reid's, Hallcross House; Mrs. Brownlee's, Newbigging; Mrs. Thomson's, Inveresk; I visit also Miss Wotherspoon's at Joppa; and occasionally the two Moffats'. My son attends there chiefly, but I have a sort of charge too; I do not visit at Aikenhead's. Houses attended.

I am employed by the proprietors of the houses; they ap-

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Henry Sanderson, Esq. 14th Nov. 1855. Position and Duties.

point me. So far as regards my position, it is the same as if I were attending private patients, but one naturally takes a greater charge of the inmates of these houses than of other patients. My position is not defined in writing; I believe the Act enjoins the proprietors to have a qualified medical attendant, but I think that is all. I consider myself responsible for the care and treatment of the lunatics, the same as for any other patients. If I thought the diet insufficient I would immediately find fault; of course if the patients were not properly accommodated, or properly clothed; or if, in short, they were not properly attended to, I should feel it my duty to find fault. If the bedding were not sufficient, of course I would find fault. I would have no power to enforce my recommendations, and might be dismissed if the proprietors chose; if I found a good deal of fault I might be dismissed; it might not be for the advantage of the proprietors, but they might dismiss me. I scarcely think they would do so, as the Sheriff might inquire how I had ceased to attend, and the fear of this might be a little check upon them. I remember it was in contemplation to dismiss me from one house, from being a little troublesome, but that is a long time ago. I have an objection to mention which house it was; in fact the individual is dead, though the house still goes on, and I have not heard of any similar intention; we are clearly liable to be dismissed. I have frequently had occasion to make representations to the proprietors regarding the diet and clothing of the patients, and occasionally also with reference to the bedding and accommodation; I have made recommendations as to these things, and think they have generally been attended to.

Miss Reid's House:

Crowding.

My attention has been directed to the kind of sleeping accommodation in Miss Reid's house, and I certainly wish there was more space. In answer to the question, whether there is accommodation enough?—I would say, the patients are generally paupers, and they are better there probably than in their own dwellings; they are not so crowded as they would generally be on board a ship, or in many boarding-schools; and though there is not a great deal of space between their beds, generally the apartment is airy enough. Unquestionably I would consider it better if there was more air. I have occasionally made the recommendation that there should be more air, but I don't just remember whether with reference to Miss Reid's house; I have probably said that it would be as well if the patients were not quite so crowded. I have suggested increased ventilation. I have no hesitation in saying they are probably a little too crowded; at the same time they are remarkably healthy; they keep their health uncommonly. I have had occasion to visit the dormitories early in the morning, or in the middle of the night, in cases of illness, and to observe their condition; I did not find it

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particularly unpleasant. I think that in some of the rooms there may be two or three feet between each bed, but then there is a considerable space in the room itself, and I think the ceilings generally are pretty high; I do not know the amount of cubic space for each patient. Some of the upper rooms are very low in the ceilings, but they are not quite so crowded as the lower rooms. But I would make this observation, that unless there were a good many patients, they would not pay at all; there is no doubt of that; if a sufficient amount of space were given I don't think it would pay; the numbers would be so diminished that the proprietors could not keep up the establishments with any profit, so as to do justice to themselves.

I have made suggestions to the people in Miss Reid's house that the patients should have more room. To Miss Reid, (but generally, I speak to Miss Reid's father,) I might have said it would be desirable to have a little more room; yes, I think I must have done that, and he has generally acted on my suggestion, so far as he was able.

Moffat's House: Furniture.

I think the furniture is generally sufficient in the houses; I am only occasionally at Moffat's, but I think the furniture in the out-buildings is scanty enough; I am not well acquainted with Moffat's; I cannot say whether there are sufficient seats for the patients to sit down, or sufficient tables for them to take their meals on. I go to see any patient of my son's—if there is a consultation, if I may so speak; but I am not there, unless some one is very ill, probably above once a month.

Separation of Sexes.

I think the sexes in all the houses are properly separated; they occupy separate apartments; they are separate, generally speaking. Nothing has arisen, so far as I am aware, in consequence of the mixture of the sexes, that was objectionable, except in one case, but that was with a keeper. He would have been tried by the Court of Justiciary, if we could have made out the case as it was reported; he was apprehended; that is the only case I know; it occurred at Miss Reid's. There was little doubt about the man's guilt, but the Crown did not go on with the case. Mr. Reid reported it immediately; there was a suspicion that one of the patients was pregnant, but it did not afterwards prove to be true, and there was a doubt as to the man's guilt. It was not clear that he had connexion with her.

Use of Restraint.

When restraint is applied it is done by the keeper in the first instance, but it is always reported to me, and I must certify its necessity. You ask how often I visit the houses for which I am responsible? I visit Miss Reid's twice a week, and, if any of the patients are ill, I am sometimes there every day. I scarcely think a patient could be under restraint two or three days before being reported to me; but it might possibly happen. It is possible, but it could scarcely happen, I think. There is a record kept of the cases of restraint: I certify them in my

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Henry Sanderson, Esq. 14th Nov. 1855. Record of Restraint by Medical Attendant.

book. I put down the restraint, the date of it, and general remarks. That is the usual way I do it. I don't know that I calculate the number of days that a patient is under restraint. Supposing a case of violence, of tearing of clothes, for instance, I put it down, and mark when the patient was put under restraint, and when he is out of restraint. I generally state in the remarks that such a patient is now out of restraint. The keeper tells me when a patient is out of restraint, or I may order him out of restraint myself. I do not know that any memorandum on the subject of restraint is kept in these houses: I am not sure; I do not know. It is quite possible that some cases of restraint may have been forgotten, if there is not a daily record of them kept. It might certainly happen that the entry, according to the 3d section of the 9th Geo. IV.,—which enacts, "that whenever any coercion, severity, or restraint, be- "yond that of solitary confinement, shall be used towards any "person confined in such house, an entry shall be made in the "foresaid book, on the same day on which such coercion, severity, "or restraint, shall be first used, setting forth the nature of such "coercion, severity, or restraint, together with the special cause "thereof"—would not be made in some cases till two days after, if I was not in the way. They would not send for me at the time, but when I came they would report that the patient had been put into a cell, for we very seldom use any other restraint now. The section says, that when the patients are put into a cell, or when more than that is required—which very seldom happens —that it must be all stated. I see it does not apply to putting them in cells; only to putting them in strait-waistcoats; that very seldom happens now-a-days; it does happen, but very seldom now-a-days; in fact, it is almost done away with. Such cases are entered in my book: it is stated that they are restrained for furious conduct, tearing their clothes to pieces, using violence to the other patients, or to the keeper, or anything of that kind; that is always mentioned; at least, I put it down in my remarks.

Record of Restraint by Proprietor.

It appears the keeper should keep a book of that kind; the keeper never produces such a book to me. He only gives me the information verbally, and I put it down. He may keep a book for all that; but I scarcely think he is aware that he should do so. I see the section goes on to say, "that the "keeper of such house shall make, or cause to be made, an "entry in said book on each succeeding day during which such "coercion, severity, or restraint may be continued, showing the "progress of the disorder, and how far such coercion, severity, "or restraint has been increased, diminished, continued, or put "an end to; and also the reasons for the continuance or change "of such treatment;" but no such book has ever been produced to me. I see the section refers to everything except solitary

confinement, but that is the only thing almost that I now permit. Appendix M. No. 5.

Yes, I am aware that Miss —— at Mrs. Brownlee's has been restrained in a strait-waistcoat: that was because she attacked herself, and destroyed everything. Mrs. Brownlee put her in the strait-waistcoat, and I think I certified it; but that very seldom occurs. There is another patient at Mrs. Brownlee's, also occasionally restrained, Miss ——. She is subject to violent periodical attacks; she is very quiet at other times. I do not believe that all the requirements of the section above referred to are carried out as respects these two patients; at least there is no book shown to me. I have no means of knowing whether what I certify is correct or not; that is to say, both of these ladies may be in restraint for 24 hours, or longer, without my being aware of it; because frequently they are a very short time in restraint, and may be out of it before I call. Henry Sanderson, Esq. 14th Nov. 1855. Mrs. Brownlee's House: Restraint.

Generally, I daresay, there is no record kept of solitary confinement in any of the houses, unless the case is mentioned to me; if I am told that So and So has been put into the cell for violence, I put it down in my remarks; and then on my next visit the patient is either out of the cell by that time, or I say, "Well, I think now he will do, and you had better let him out if he promises not to be violent," treating them as rational beings; and some of them give the promise, and the thing is at an end. I should think it a very proper thing to keep a record of seclusion; I keep one myself to the extent I have stated; I keep a book, and make an entry in it every day that I visit; I sign my name every day I visit; there is a column for general remarks, and a column for those that are under restraint. There is no column for seclusion, but I enter cases of seclusion. Seclusion.

I do not think that, speaking generally, there exists, in the houses which I visit, any record of mechanical restraint or seclusion, in compliance with the section of the Act, which I understand should be kept by the keeper; I am not aware that any such thing is done. The book is not produced to me in any house, if it is kept; the book in which I make my entries is called the Weekly Register, I think. I think I must have made an entry in it of the restraint of Miss ——, and Miss ——, in Mrs. Brownlee's; I think I must have done so; I am perfectly aware they have been under restraint; there was a necessity for it; I should think I made the entry; I really do not at this moment clearly remember; but I think I must have done it. Miss —— has been occasionally restrained for a long time; every now and then she requires to be put under restraint; a good many instances must have occurred in a very temporary way, for she takes extraordinary fits of violence. But I may say generally that she is very humanely treated. Record of Restraint.

The shower-bath is frequently administered to patients. I Shower-bath.

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have observed the shower-bath in Moffat's house, but I do not remember patients being put under it. The object of administering the shower-bath is, of course, for the benefit of the patients' health; for their bodily and mental health. Occasionally it is administered in states of excitement. It is ordered by the medical man; not by the proprietor, with my knowledge; it may be, however; I do not know of any instance in which the proprietor caused the patients to be put under the shower-bath, without consulting the medical attendant.

Exercise.

The patients take out-of-door exercise every day; they take exercise in the grounds, and some of them, whom they can trust not to run away, go out with the keeper occasionally. I think they have sufficient exercise at Mrs. Brownlee's; they have a very large garden, and they are out every day, and walk about in it. One old man was asked if he would go out with the keeper, but I think he refused to go; he goes out into the garden; there are two gardens; there is plenty of ground; he never goes beyond it; he is perfectly quiet, and I would say contented.

Means of Occupation and Amusement.

You ask what means there are for the occupation and amusement of the patients in the larger asylums, such as Miss Reid's? Some of the patients work in the garden, and there is a sort of bowling-green for the men, and a billiard table, which is not common in a house of that description; there are very few of the better class of patients there.

Miss Reid's House: Attendants.

I consider myself responsible for Miss Reid's House. You ask whether there is a sufficient number of nurses and attendants there? Well, several of the patients who are quiet, and who labour probably under some delusion, but yet are able for domestic duties, assist a good deal in the house. I think, for an establishment of that kind, they might require one or two additional nurses and attendants to look after the patients, if it were not for the circumstance I have mentioned; but I am pretty sure they are very well, and very conscientiously looked after there. If more space were allowed the patients, and more attendants, it would not pay; that is my opinion. I think there are sufficient attendants to prevent any violence, to prevent one patient attacking another.

Case of Begg.

It was at Miss Reid's that a patient, of the name of Begg, killed another. That was a very unfortunate case. I know it very well; Begg was a very quiet patient, in general, in fact he was a fatuous idiot. There was another patient in a small room, and I rather think Begg had exhibited some little appearance of irritation, and they put him in there; I don't think that was very proper, but I don't think they intended anything wrong by it. The man was dying of disease of the head, and I rather think Begg must have pulled him out of bed; or he must have fallen over the bed, and then been attacked; the two occupied one room. I do not recollect any other case of violence, occurring in Miss Reid's, besides that one, nor any case of ill usage of one patient by another, nor

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of a patient by an attendant; I have attended them for a great number of years, and do not recollect any other case. I do not know of any cases in which one patient struck another, which might have been prevented if there had been a sufficient force of attendants; or if the patients had been separated from each other; a case may have occurred, but I don't know of it.

Patients who assist the Attendants.

There are a number of quiet patients, who do a good deal of work about the house, and this renders a larger number of attendants and nurses less necessary. These patients wash and mend clothes, and do a variety of things that domestics generally do in families, and I think this to their advantage; I highly approve of it and rather encourage it. In many cases these are convalescents, or patients who are a sort of monomaniacs, which many are; they are sometimes convalescents nearly ready to go home. I am not aware that a patient has ever been detained longer than necessary, for the sake of the services he might render as nurse or attendant. I cannot precisely say what is the proportion of attendants to patients in Miss Reid's house at the present time.

Regulations by Sheriff Speirs as to Attendants.

I am not exactly aware whether Sheriff Speirs' regulations are still in force, but I should say they are not entirely carried out; I do not remember the number of keepers he recommended; one man to each dozen, I think; I do not think this recommendation is carried out now. I scarcely think it was ever carried out; it might be, in some cases, but not in all the houses. I am not aware that any other regulations have been made since those of Sheriff Speirs.

Visits by Medical Attendant.

I visit generally twice a week, occasionally oftener; and I daresay I am oftener three times a week than twice. I do not visit at fixed hours and on fixed days; they don't know when I may visit; it may be the afternoon, or morning, or at dinner-time; or at any time that suits my convenience. When I visit I go to all parts of the house, to every room, as a general rule; I may be hurried on one day, and say, "Who is out in the garden?" and so on; but, as a general rule, I go into every apartment, whether there are patients or not. I visit the bedrooms of course; I go through all the bedrooms; Mr. Reid opens the door, and I see whether the place is clean or otherwise; sometimes I turn down the beds; I have an opportunity of seeing the whole; I am not sure whether that is any part of my duty, but I do it occasionally. I visit occasionally at night, when any of the patients are sick; I am not sure that I have ever visited for the express purpose of seeing that all the patients are suitably accommodated throughout the establishment; I can't say I have ever gone with that object.

Admission of Patients.

When a patient is admitted into the house, they send me word generally; I see him the same day. They generally send down one of the keepers to say that a new patient has come,

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and that they would thank me if I would call. I go and examine the patient, and put down his appearance, and the date of the warrant. I seldom see the patients brought into the house; from what I have seen, female patients brought from the country are generally accompanied by females, not always. Generally, in coming from the country, a relation of a pauper patient comes; and as to the better class of patients, they are always accompanied by friends. In the case of pauper patients, relations very often, indeed I may say generally, accompany them; and when they are discharged, we generally mention, in the general remarks, whom they are removed by. When brought to the asylum, the pauper patients are sometimes not in a very good state; but I may say, generally, they are in pretty fair condition; sometimes, however, they come in a wretched state; they are better fed, and better looked after in the asylum, and they have better bodily health.

Discharge of Patients.

I always take the responsibility of discharging patients from the asylum; the proprietors always consult me. I very often suggest the discharge of patients to them; I say, "Here is a patient who seems pretty well, you had better write to the inspector of the parish," and they are removed in consequence. Occasionally, when I have discharged them, I have had them back in a few days afterwards, with a notification from the inspector to be more cautious in future; but that does not often occur. I find my recommendations generally carried out. I really do not know whether any list of the residences of the relatives of pauper patients in Miss Reid's house is kept; it is generally mentioned where they come from, from what parish; the parishes the paupers come from are well authenticated, but I do not know whether any list is kept by Miss Reid of the residences of the relatives. In cases of sickness, or of the death of any pauper patient from a distance, the inspector of the poor of the parish is generally written to, sometimes by the keeper, sometimes by myself; they ask me sometimes to do it; the keeper sometimes writes himself.

Records:

Of treatment.

The only medical record which I keep is my day-book with the prescriptions and remarks; it is just a prescription-book; I do just the same with any ordinary patient. If it is a particular case, of course I keep a record myself; if it is an interesting case. I keep this record not for the house, but for my own satisfaction. No record whatever is kept in the establishment, except the daily book, and it merely says that such a patient is under treatment for disease; it records whether he is better or worse, and so on, without stating the medical treatment; that is not done. It is the Weekly Register. The remarks are made in it; a patient, say, has bronchitis, or any other disease, and is under treatment, and that goes on till he is convalescent, or until he is discharged; that is the only record

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I am aware of; that is the only record in form of a case-book; I do not think it is sufficient; I think it would be better if it were regulated otherwise; it might be better if a regular case-book were kept; it would be better if it were done as in an hospital, or in the army and navy, by having a book where the disease, however trifling, might be entered, and the mode of treatment detailed in the ordinary way, as in a common hospital. In the case of the death of a patient, I make a record in the general remarks:—died on such a day, and mention the state he was in; but I am not aware that they keep any other book. This entry is made in the same Weekly Register in which the disease is entered; the death or the cure follows. Trifling cases are, of course, not recorded at all. You ask how the proprietor of a house carries out the 9th section of the 4 and 5 Vict., cap. 60, by which it is enacted, "That the death of any furious "or fatuous person or lunatic in any licensed madhouse, shall, "within twenty-four hours after the same shall have happened, be "intimated in writing, by the person keeping such madhouse, to "the Sheriff of the County in which the same is situated, accom-"panied by a certificate from the medical person who shall have "attended such deceased person, setting forth the nature of the "disease occasioning the death, how long such disease had con-"tinued, and when such medical person was first required to give "special attendance upon the deceased, and how often he there-"after visited him or her; and such certificate shall also set forth "whether any undue delay had occurred in calling for the assist-"ance of such medical person?" When a patient dies, the proprietor asks me to make the report to send to the Sheriff, which I do just in this form. I certify that the patient was seized on such a day, the disease, and the death, and I certify how he was attended; I give a certificate of that kind, and the proprietor transmits it; in every case of death this is regularly done. I write the certificate from my own knowledge, and from the book, when they were seized, and when they died. I certify that they were attended, and how; and I am obliged also to certify that proper attention has been paid in the course of the disease; this is done regularly in every case. I said I thought a case-book should be kept; I think the other registers are sufficient and satisfactory, so far as they go, but there might be some little amendment; I think they are pretty satisfactory if they were properly attended to.

Of Deaths of Patients.

Remuneration of Medical Attendant.

I am remunerated in this way:—I generally get half a guinea for the twelve months for every pauper patient; if they are a less period in the house than the twelve months, there is a deduction made. Mr. Reid keeps the account; he makes his bargain, I suppose, with the inspector, or with the relatives when they are not paupers. For the better class of patients I generally get a guinea for the year. You ask whether I calculate by the

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number of patients that happen to be in the house at the end of the year, or by the number that had passed through the house; hinting that there might have been a number of deaths, entailing considerable attendance upon patients who, on the former supposition, would not count? I take my chance of that; I get no extra remuneration; I mean in pauper cases. In the cases of the better classes there is, of course, an extra charge made for that. Supposing there were twenty patients in the house at Christmas: that ten had been admitted during the year, five had been discharged, and five had died, I would be paid for twenty, not for thirty; I would not be paid for them all.

Mrs. Brownlee's House: Its General Condition.

I cannot say whether the accommodation in Mrs. Brownlee's house is such as it should be, considering the payments that are made for the patients. There are one or two of them, I understand, at rather low rates of payment; I should say that, generally speaking, they are very fairly accommodated. The payments vary; I think Mrs. Brownlee has one or two patients who pay less than £30; some about £50 or £60, £50 probably; very few of them are £60, I think. In taking their meals, some of them used to dine at Mrs. Brownlee's table; but latterly, I think, they generally take their meals in their own rooms. There are only fourteen of them altogether, all private patients; there are one or two in a room, and in one large room there are three; but there is plenty of space, and they are comfortable enough. The same rooms serve as bedrooms and dining-rooms; unquestionably, it is desirable that patients of that class should be provided with sitting-rooms, as well as bedrooms.

I think the accommodation in Reid's and Brownlee's houses might be improved; so far as Reid's is concerned I have already stated it would be an improvement to have more room; in Mrs. Brownlee's there is sufficient space. The room below, in which Miss —— is sometimes placed, is cased with wood to prevent her from injuring herself. That is done on purpose, because in some of her fits she would be very apt to injure herself, if it was not lined properly.

Licenses:

As to the mode of obtaining a license from the Sheriff to receive patients, I do not think there is any examination of the house, nor any recommendation of the parties as fit persons; I am afraid there is not. I do not know any particular regulations that the Sheriff has on the subject; I think the

How obtained.

practice has generally been, that a person who takes a house of that kind, gets up some sort of petition, which is presented to the Sheriff, and gets a certificate of good conduct as far as he can; and a medical certificate as a matter of course, which it is not difficult to get. The medical certificate is to the effect that the person is respectable and decent, but I don't know that it refers to fitness; that is the practice so far as I know.

Sheriff's Visits.

I do not see the Sheriff when he makes his visits; I have no

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opportunity of making any suggestion to him, or to the medical inspector; the Sheriff may occasionally refer to me, but I have no meeting with him. You say, if you understand me rightly, that I have never made any representation to the Sheriff about the improvement of these houses. I may have had a casual conversation; I would rather say no; not particularly; I could not say that I have had any formal conversation.

Miss Reid's House: Bedding and Clothing.

I think the bedding of the patients in Miss Reid's house, during the winter, is sufficient; it seems warm enough. The bedding consists of mattresses; I have felt them, but I really do not know what the material in them is; it is hair, I should think; I am speaking of the bedding of the pauper patients. I have felt the bedding, and have generally found it very fair; I have never turned down the whole of the beds; I never went so minutely into it as that; I just look at the beds; see that the sheets are clean, that there is enough of blankets, and examine the bed generally; but I never thought of going into any minute examination. I have looked at the clothing, and have suggested that I thought a pauper patient was not sufficiently clothed. I do not look at the women's clothes to see what they have on; I do not go so minutely into it as that; but if I observe anything particular, I make the observation. I do not ask to see a sample of the articles of clothing which the patients wear; if I thought there was not sufficient clothing, I have desired them to write to the inspector; or, occasionally, I may make the observation, "Here is a patient rather thinly clothed," or something of that kind, "I think you had better write." The proprietor is sometimes bound to supply the clothing; some parishes give a sum for clothing, besides the payment for board; other parishes supply the clothing, and an account is kept and rendered to them. The custom at Miss Reid's, with the paupers of our own parish, is, I think, for the proprietor to supply the clothes by contract, and I have no doubt other parishes have contracts of the same kind, but not all.

Rate of Mortality.

The number of pauper patients at Miss Reid's, at the present time, I should think would be somewhere about 70; I cannot really recollect how many deaths occur among them in the course of the year, but there are very few, comparatively speaking; considering the number, remarkably few.

Suggestions by Medical Attendant.

I have, of course, made frequent observations to the proprietors of these houses, that they might improve them. My suggestions have, as a general rule, been very readily carried out. The proprietors may have expressed some objections, when they would entail a little expense; but I would rather say that, generally, they have attended to my suggestions; I cannot say I have ever made any suggestions, entailing expense, which have not been carried out. I think improvements might occasionally be made, and are desirable; more space, more attendants, and

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more furniture are desirable; but you must remember I take in as an element that the patients are paupers; and really I would say generally, that, considering they are paupers, they are well attended to.

Means of Cleanliness.

Cleanliness is very well attended to. The patients are shaved and washed regularly: that I see often myself. I should suppose they are washed every day, because sometimes on going in, on no particular day, I have seen them washing. I think, generally, that cleanliness is very fairly attended to. They are supplied with the decencies of life. They have chamber-

Chamber Utensils.

pots,—I am sure they have; I cannot say whether in sufficient number; I have seen them in their dormitories,—I am sure I have seen them there. I cannot speak with certainty as to Moffat's; I am only occasionally there. But I am quite sure they are in Reid's. I never observed at Reid's tubs in the middle of the room chained to the floor, for that purpose. They must be very careful in removing them, if that is the case. I don't remember it; I don't remember having seen a tub chained; I am not aware that it is the usual way of providing that kind of accommodation during the night. I never saw a tub in the centre of the room; perhaps I did not examine very particularly; it may have been in a corner, and I have not observed it; it may be removed during the day, and put in during the night. I have seen chamber-pots under the beds.

Baths.

I do not give directions as to how often the patients shall have a warm bath: that is very seldom attended to. I do not think there are generally the means of giving a warm bath. I know in Mrs. Thomson's there are: that house is for the better class of patients. For the pauper patients, I don't think there is anything of the kind. Certainly, it would be desirable to have the means of giving the pauper patients a hot bath. Many of them are very dirty in their habits sometimes; a tub is used for giving such cases a thorough cleaning. When the patients are received, they are put into a large tub and washed. I do not know how they are washed, whether with a mop, or with a flannel, or with a sponge.

Mrs. Thomson's House.

Both Dr. Scott and I visit Mrs. Thomson's house. I have from 14 to 16 patients—all the best class of patients. We each take the responsibility of our own patients. As respects the whole establishment, I give suggestions, so far as my own patients are concerned, with regard to their rooms, clothing, bedding, and so on. That asylum is remarkably well conducted. I attend to my own patients, and make the same suggestions as I would in cases of ordinary sickness; and if I have anything to say, of course I state it to Mrs. Thomson, or to Dr. Thomson, if he happen to be there. I keep my own book of the number of patients, and the Weekly Register is kept. Double records are kept,—Dr. Scott keeps a record, and I keep

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one; and we don't interfere with each other's patients at all. I am employed by Mrs. Thomson, not by the patients; but many of the patients are sent to be under my care, and I have placed some there myself.

Medical Certificates.

I sometimes sign the medical certificate for these patients, but not always. Two medical signatures are required for the certificate; those of myself and son would be sufficient; no objection would be made on the ground that we are partners, or that we attend the house to which the patient is to be sent. I have not signed the medical certificate for all my patients in Mrs. Thomson's house, only for a few of them. Generally, they are sent already certified. A lunatic patient may come from the country, and the medical man who sends him recommends me to attend him; or his relatives may recommend me; and, in the case of Dr. Scott, it would be just the same thing. There may be one or two confined under my certificate; there is one, I know, that came the other day: that may occasionally occur, but very seldom. The patients generally come from a distance; they may happen to be my own private patients. A great many come from other counties, and the medical certificates are by medical men who have seen them previous to coming here.

Sheriff's Warrant.

I do not think they are brought to the asylum under a warrant of the Sheriff of the county to which they belong. I think the certificates must be handed to the Sheriff of Mid-Lothian, and he grants the warrant on the certificates. In the case of a man coming from Inverness, for instance, I suppose he may have been brought under some warrant from Inverness; but that is not sufficient; the Sheriff of Mid-Lothian's warrant must follow. However, I do not know how that is managed.

Fiscal-Cases from other Counties.

Cases brought from the jails of other counties are confined in the Musselburgh houses, under the warrant of the Sheriff of Mid-Lothian; for instance, supposing a fiscal-case brought from Jedburgh jail, the warrant is not different from that used for ordinary lunatics; they are all sent in under the same form of warrant. When such cases get well, they are discharged; but I do not know whether any intimation is made to the Sheriff of their own counties. I think they are discharged without asking any questions, but I do not know.

General Remarks.

I visit Moffat's house occasionally; my son visits the house, he is responsible; but very often he is out of the way, and I make these occasional visits in the way of assisting him. He assists me in the same way. The accommodation in Mrs. Brownlee's house is very much the same as that I am in the habit of seeing in other houses for the same class of patients. I don't like to draw comparisons between her house and Mrs. Thomson's, but both houses are very well managed. I think Miss Wotherspoon has only three patients at present. I believe she is sometimes in the habit of receiving inmates as boarders,

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who are not insane. I am not aware that she has sometimes received persons of intemperate habits, who have put themselves under her care for a while, and given a certain assurance to her that they would remain till they were recovered from these habits. On the spur of the moment, I don't know that I can make any recommendations as to the improvement of these houses, which, as a medical man, I would consider desirable, apart altogether from the question of the rates of payment. I have already said that I consider more space, more attendance, and more furniture desirable, and that the books should be better kept, and the entries more fully made: all that is desirable.

Sheriff Speirs' Regulations.

I have seen the regulations issued by Sheriff Speirs in 1840; at the time they came out they were sent to the keepers, and I have said to them, "You had better attend to them as much as you can," or, "You should attend to them." I agree generally in the recommendations they contain, but I have not seen them for a good while; some of them may be a little stringent, but generally they are very good. When I said, "Attend to them as much as you can," I said it in a tone of voice implying that it was impossible to carry them out; they could not be carried out in the present state of things; unquestionably it would be for the benefit of the patients that they were carried out.

Increase of Asylums at Musselburgh.

The number of houses for the insane in Musselburgh has been increasing very much of late; I fancy they must be considered profitable concerns, and really many people who seem to fail in other things take to them; people who fail in other matters seem to consider themselves quite competent for that. No doubt a system of under-bidding for patients exists, and this has done a great deal of harm. You ask if keeping patients continues profitable: why, not except the proprietors do what is not right; the payments they generally get for food and clothing do not amount to much above £20, and that is scarcely adequate; and many of the proprietors take much less than that, I believe. I cannot say particularly as to this, but as they say in Scotland, there is a general "sough" about it; there is such a suspicion. I do not mean that though the ostensible sum is £20, less is taken; but I believe they take less from some parishes, and the parishes try, in general, to get the payments as low as possible, without caring one farthing how the patients are taken care of. As regards our own parish, I can say emphatically that this is the case. I cannot say whether any inducement is held out to inspectors to send paupers to certain houses; I don't know whether they get a bonus; I have heard a "sough" to this effect; but it may not be true for all that. I do not think the inspectors have the power to remove paupers from one house to another; I think they must have the sanction of the parochial board. The parochial boards, in general,

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wish them kept as cheaply as possible; and without much regard, I am sorry to say, to the care taken of them. I know that several of our own patients have been removed from one house to another on the principle of economy; I don't know what was the effect on the patients, for I did not see them afterwards, but they could not be improved; only I know this to be the fact, that some of the relations of these pauper patients came forward and gave a small sum, though they were not very well able to afford it, in order to keep them where they were, and where they were well off; to keep them from being removed; that is a fact consistent with my own knowledge. I speak of paupers belonging to our own parish; I happen to be a member of the parochial board myself, and I have often had occasion to remonstrate on the subject; I can give the names of some instances. There is a girl named —— who is still there; her brother came forward and paid a sum—paid the difference; and in the case of that poor man ——, the relations came forward and kept him there; otherwise he would have been removed along with others to another asylum. These are two instances.

Under-bidding for Patients.

Cases sent to Aikenhead's House.

The recent cases from our parish are generally sent to Aikenhead's. My son is the parochial surgeon and goes there occasionally, but I do not; I do not think that the parochial board selected this house because it is a good curative establishment, but because it is cheaper; the reason that the patients were removed from one house to another was the cheapness — the under-bidding; there is no question of that. I should not be at all surprised that if a man were to set up and offer to take them at £18, they would be removed again. I do not think that any committee from the parochial board visit Aikenhead's; the parochial surgeon has the right to visit along with the inspector of poor, but I don't know that there is any committee for the purpose. I do not think that any member of the parochial board visited Aikenhead's before fixing upon it, or took any steps to ascertain the accommodation and treatment; they may have appointed a committee; it is possible enough, but I can't recall it to my memory; it may have happened, but I don't believe it.

High Mortality at Aikenhead's.

I cannot really say whether public attention was called last winter to the circumstance of the number of deaths that took place in Aikenhead's being unusually high; I may go the length of saying that public attention was directed to it; yes, it was spoken of. I heard no cause mentioned for the unusual number of deaths. So far as our own parish is concerned, it is a fact that Aikenhead takes patients at a lower rate than the other houses; being a member of our parochial board, I can speak to that; with regard to other parishes I know nothing. I cannot say that with higher payments the chances of death

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might have been less; I have not myself formed any opinion as to the cause of these deaths; there was no epidemic in Musselburgh at the time. I would say that the deaths last winter at Miss Reid's and at other establishments were less than usual; certainly not more, or my attention would have been called to it.

Under-bidding for Patients.

As a member of the parochial board, I cannot name the actual sum paid to Aikenhead by our parish; I cannot precisely remember, but I think it was about £2 less than at Miss Reid's. Miss Reid said, "I cannot keep them. You must remove them unless you give a little addition. I can't keep them at the present rate;" and the board understood there were other houses that would take them at a cheaper rate. It was settled in that way; I remember the transaction quite well, and I said the principle was a bad one.

Unlicensed Houses.

I do not attend any lunatic patients in houses that are not licensed for lunatics. I am aware that some individuals, medical men and clergymen, are in the habit of taking patients as nervous patients; these are lunatics, but the practice is not carried on to an extent to do harm. I know one instance in the neighbourhood, where a person has a servant constantly with him, who walks with him, and takes care of him, and certainly he is better off than in an asylum. I do not believe that any report is made to the Sheriff, or that the Sheriff knows anything about him; there is only one patient; he is not living with a relation, but with a clergyman; it would be great cruelty to put him into an asylum, I think. The house may be reported to the Sheriff without my knowledge.

Position of Medical Attendant of Licensed Houses.

I am unquestionably of opinion that the medical attendant of licensed houses should hold a more independent position with reference to the proprietors; that is to say, that he ought to have the power to require that those things should be carried out which he thought for the benefit of the patients, without running the risk of being discharged from his office. I mentioned that to the late Sir William Rae, when attending him professionally, a long time ago, and his answer to me was, that he trusted in the well-known respectability and honour of medical men. I said that was all very well, but when emoluments were concerned, it was better to have another check. He was then Lord Advocate, and he was instrumental in bringing in one of these lunacy bills, or getting it amended.

Inspection of Houses previous to being Licensed.

As respects the houses in which patients are placed, I think it very desirable to have them examined, to see whether they are fit for patients; and to have a determination come to, as to what number of patients they should receive. My experience of Musselburgh, a thirty years' experience, leads me to speak very strongly on these points. I am not aware that the houses generally send round printed circulars to the inspectors of the poor,

offering to take pauper patients on certain terms. I don't remember that I was ever called upon to look at any house, previous to its receiving a license for patients, to give a certificate as to its capabilities. I don't remember ever having been asked by an inspector what my opinion was of a house, before he sent his patients there.

Voluntary Patients.

I don't remember any cases where patients have voluntarily placed themselves under temporary control; such as a drunkard, feeling that it was necessary that he should be taken charge of. Yet there is an impression on my mind that I have heard of such cases; I can't speak of my own knowledge.

Mrs. Marks.

I know the woman, Mrs. Marks, at Musselburgh. If she has a license to receive lunatics, it is very improper; I don't think she is a fit person. She has kept a public-house in Musselburgh. I have not visited the house that has got the license. I do not know whether she has any patients. I may state, if you wish the information, that she came to me for a certificate, and I refused it; I told her I did not think she was fit for it at all, and that I could not give it. The character she bore in Musselburgh was not satisfactory, to my mind; and I refused the certificate. I heard that she had received a license, and I was surprised at it; she may not have had a patient; she might only have had permission to receive them.

Licenses and Licensed Houses.

A licensed house is, I think, merely a house where insane patients are confined; I don't think the house itself is licensed. I certainly think a different meaning attaches to the words "warrant" and "license." I understand this,—that none of the houses hold a specific license for the purpose of admitting insane patients; the only thing that constitutes them licensed houses, is having a patient under the warrant of the Sheriff; that is the only meaning I can attach to it. As the warrant applies to the patient, and not to the house, the proprietors might remove all their patients to any other house, and I think this has been done. I am not aware there would be anything illegal in the proprietor of one of these houses conveying all his patients away to a considerable distance, and putting them in another house; he might do so certainly. I have known it done; Mr. Moffat, of Newbigging, was originally at Lilybank, and removed from that house. Mrs. Brownlee at one time removed her patients to a country house, to Brownlee's farm-house, a certain number of them; I suppose that was without the permission of the Sheriff, but I know the Sheriff visited there. They may have had the permission of the Sheriff; I am pretty sure, however, that it was their own doing; but I don't think it would be illegal. I think there must be a permission from the Sheriff to receive patients before patients present themselves, and that in this way a house is practically licensed; but I am only giving this as a matter of opinion.

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6. Dr. John Smith, F.R.C.P.E.—Sworn and Examined.

Dr. John Smith. 14th Nov. 1855. Saughtonhall Asylum.

I am the proprietor, or more properly the lessee of Saughtonhall Asylum. Dr. Lowe and I are joint lessees; we have been so now for nearly 20 years, I think. It has been occupied as a licensed house since the beginning of this century. When I became the proprietor, I made application to the Sheriff for permission. The usual forms were continued in my name when I intimated my intention, because I was connected with it before I took the sole management;—I had been the medical attendant. I cannot say whether the house was examined by the Sheriff before it was originally licensed. When we enlarged the house, special intimation was sent to the Sheriff, before the additional rooms were opened. He had examined the house on his previous visits. He saw the work going on while the building was in progress, and examined it from time to time; but there was no formal examination.

Limitation of Patients.

The number of our patients is not limited by the Sheriff; it depends upon the accommodation;—we take what we are able to accommodate. I have no doubt the Sheriff would limit our numbers, if he saw anything like over-crowding. There is a second house for convalescents; both are included under the license. Sheriff Speirs saw the place before he agreed to this; but as they are on the same ground, under the same management, and part of the same establishment, he saw no objection to it.

Rates of Payment.

The rates of payment vary. Our lowest rate is 100 guineas a year, and it varies to 300. We have one gentleman at 400 guineas.

Domiciles of Patients.

The larger number of our patients are from this district; but we have them from all quarters,—some from England, and from different parts of Scotland. In the cases of those that are brought from distant counties, we require the warrant of the Sheriff of Mid-Lothian; we do not admit them on the warrant of any other Sheriff. Two signatures are required to the medical certificate. I don't know if the Sheriff would object to my signature; I have never offered it, from the understanding that it would be objected to. We never receive patients without a warrant, not even on an emergency. We may receive a patient just while the transaction is going on: that is to say, a patient might go out while I was getting the warrant at the Sheriff-clerk's office. A patient might be brought by his friends in a violent state, and they might be glad to put him in confinement for safety; but they must always have the medical certificates. The Sheriff's warrant is then immediately applied for. We generally execute the warrant the same day it is granted. I believe there is a limitation as to the period of its execution,—a day or two; we never act under it after that. I do not think we ever received any patient as a lunatic, who turned out to be sane.

Admission of Patients.

Period for Execution of Warrant.

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We have had cases of patients presenting themselves, requesting to be taken in; we don't receive them. If we see anything peculiar about the case, we may have it inquired into, by intimating the matter to the friends; but we don't receive any person without regular certificates, and a warrant. We have had several cases of persons presenting themselves of their own accord, coming voluntarily to ask to be put under restraint. Generally, these were cases of monomania—cases of despondency, with a suicidal tendency—cases, perhaps, of impulsive insanity, having a strong tendency to injure. Few such cases occur; I do not think above three or four in the course of my experience. I have met with a few instances of patients who have been discharged, coming on a recurrence of the malady, and asking to be taken in. We have no recovered patients residing in the convalescent department not under warrant.

Voluntary Patients.

Removal of Patients to Asylum.

We generally send for the patients; sometimes they are brought by their friends. Our attendants are always accompanied either by Dr. Lowe or myself; but sometimes the friends take them out without either of us. Females always accompany females. Sometimes the medical man in town accompanies the patients; it depends very much on the nature of the case. Our services may be dispensed with, but it is very seldom that either Dr. Lowe or I am not present. We always send a female for a female, or we see that there is a female at hand; the nurse may be in attendance, but Dr. Lowe or myself always accompany the patient out. There was one case, that of a lady in —— Street, where, from the way in which we were used and deceived, and from its being late at night, the female attendant we had brought in went away. Dr. Lowe and I were there, and the lady had her own maid. We took no female attendant with us, being assured beforehand, that Miss ——'s maid would readily and easily accomplish the removal. In place of that, she misled us and threw every obstacle in our way. We gave the patient chloroform, and the maid was present, but we had to get her out of the way, because she interfered with and obstructed us. I don't think we got her out of the room, but we had to keep her away from Miss ——. We kept her away because she prevented us from using the chloroform; she wished us not to use it. Miss —— resisted a good deal. She was not in bed, but in her room, partially undressed. She was not restrained, except with a loose shawl. We had the Sheriff's warrant. Her brother signed the petition, and the medical certificates were signed by Dr. ——, and, if I recollect right, by Dr. ——. Miss —— remained with us for three months, I think. She did not recover; I believe she is still under charge somewhere. We do not make habitual use of chloroform in removing patients; only in particular cases; it is always administered by the physician, never by the attendants.

Use of Chloroform.

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Patients from a Distance :

When patients come from a distance, the order for admission is signed by the Sheriff of Mid-Lothian. Such patients generally bring along with them the certificate of two medical men. There was a case from London, the other day; that patient brought along with him, or rather his friends brought with them, the certificates of two medical men in London—Dr Sutherland and another; and then I got additional certificates here. That was under the form of the English Act. It is just the same with patients coming from a distance in Scotland. Suppose a patient coming from Inverness; it is not necessary for the Sheriff of that county to sign a warrant to send him here. If the patient be recusant, and says, "I won't come," the friends may take him; this is done in practice, without a warrant. On the mere declaration of a man's friends that he is insane, I would consider myself entitled to send my attendants for that man, provided I had the medical certificates. He might or might not be accompanied by his friends; if not, he would be in the sole custody of my attendants. He would be in custody without a warrant; but he would be in custody through his friends. The patient is brought from a distance with the certificates of the medical men of the place; these are presented to the Sheriff of Mid-Lothian, who signs the warrant; but there is always the additional signature of a medical man here, who is not a nominee of the Sheriff, but any one whom the friends may choose. The Sheriff satisfies himself, by having the opinion of an Edinburgh medical man, of whom he has knowledge. The same precaution is taken when patients are removed from one asylum to another; thus, a patient going from Dumfries to Saughtonhall, or from Saughtonhall to Dumfries, would not be admitted without an additional certificate, a fresh application, in fact.

Brought to Mid-Lothian without a Warrant.

Attendants.

At present, we have, I think, 40 or 41 patients, and, I think, there must be about 30 attendants. The latter are very companionable for attendants. The lady's-maids are companionable, and the upper male attendant is likewise very companionable. Our attendants are often from the better class; we prefer the agricultural class; before they come to us they have generally been occupied on farms, very often as ploughmen, or in some agricultural employment. We prefer those that come from the country, to those from the town. The men receive about £30 a year, and their board. Some of them remain a long time with us. Their inducement to remain is the rising gradually in the service. At first, they receive £25 a year of wages, and they rise a couple of guineas a year. I think two of our present attendants are receiving £30 a year. The head female attendant has from £18 to £20; the females begin at £10; ordinary lady's-maids get about ten or eleven guineas, sometimes higher, it depends on circumstances. When we can get good attendants, we

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don't mind two or three pounds wages. There is a matron who has charge of the whole female department; she has £50, and her salary rises after one year to £70, and so on.

Visits by Sheriff and Medical Inspectors.

The Sheriff and the medical inspectors visit the house three or four times a year; three times generally; that is oftener than is required by the statute; three times, I think, is what is required by the statute. Sheriff Duff used to come three times generally, but that is some time ago. At present I don't suppose they come oftener than the statute requires, which you tell me is twice a year. They come about the same time of year; they are uncertain; they may be some weeks sooner or some weeks later. I am not very often present at their visit, but it lasts perhaps an hour or fully more,—from an hour to an hour and a half, sometimes longer and sometimes shorter; it depends upon how long they may be addressed by the different patients; sometimes they are detained a long time. The object of their visit is to learn that there is no one improperly detained; that is the chief object, and to see that there are no complaints; to hear any complaints the patients may have to make as to unjust detention, or any other circumstance; and they see that the establishment is under proper management. They go through all the house; they visit all the rooms; they see every patient. They make an entry of the date of their visit. They generally hear some complaint as to the food, and they take notice of these complaints. I think it is part of their functions to see that the house is properly managed, and that the patients are comfortable and well-treated; they generally pay attention to these things. They also examine the warrants and licenses, and they look at the records, and examine the cases. They know all the cases in which restraint has been used, and make inquiry into them; the cases of restraint are all recorded. I am not aware that the medical inspector has ever visited apart from the Sheriff, nor the Sheriff without being accompanied by the medical inspector. The house has never been visited by justices of the peace. We are always glad to see the relatives, and the clerical friends of any patient.

Object of Visit.

Statutory Records.

All the records mentioned in the statutes are kept. There is a regular journal in which the cases are entered on admission; and there is a weekly book where the names are entered every week, mentioning those under restraint; the latter is the Weekly Register of the statute. The Admission Book is regularly kept according to the statute; it states when coercion is used, and the entries are made at the time of the coercion. It is submitted to the Sheriff, and if he has any observation to make, he does so in it; if not, he simply signs it. I think it is the Admission Book, and not the Weekly Register, that the Sheriff signs. He has not been in the habit of entering any observations on the state of the house, he has simply expressed himself very well satisfied

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Record of Restraint.

on his visits. I do not think he has made any entry to that effect, but he signs the book. In the restraint book all the names are entered, and the remarks are made opposite each name. The section says—"And an entry on each succeeding day during which such patient shall be confined, &c." I don't suppose restraint has been used for many years, and it has not, therefore, been necessary to make entries; we have not applied restraint for many years.

Additional Records.

Besides the records required by the statutes, we keep a case book, which contains a history of the case and general information as to the previous habits of the patient. It contains, likewise, an account of the treatment, the progress of the malady, and the result. The Sheriff generally sees it likewise. I don't

Of Seclusion.

know that we keep a record of seclusion. Seclusion is imposed either by Dr. Lowe or myself, never by the attendants. It never extends to any great length of time, except during a regular paroxysm. Such a case of seclusion would be entered in the case book, but there is no other record of seclusion.

Religious Service

We have no chaplain at present; there is family service every night and morning, and every Sunday Dr. Lowe reads the English service. I daresay about half of the patients attend the service, 20 or sometimes more, both ladies and gentlemen. We have no regular visits from any clergyman, but the parish minister visits occasionally. I think the relatives of patients are generally willing to allow their friends all the comforts which their means entitle them to.

Dangerous Lunatics.

We have no patient at present admitted at the instance of the procurator-fiscal; occasionally, but very rarely, we get such cases, which have been arrested by the police. We make no objection to receiving them, if they are genuine cases, and belong to the better classes of society. They are taken up by the police, perhaps for creating disturbance in the streets, and sent to us under the Sheriff's warrant.

Classification of Patients.

We do not select our cases; we do not refuse epileptics or violent cases, but accept all that present themselves. We classify our patients according to the state they may be in; all those that are noisy and violent are separated from the others; those that are in a tolerably comfortable and composed state we place together; and those that are convalescent are put together. We use simply seclusion for quieting violent cases; I don't think there are any at present strictly in seclusion; I don't think there is one. We make pretty frequent use of seclusion when patients are noisy and violent.

Occupations and Amusements.

For occupations we have all kinds of games, books, walking-out, and driving. Some of the patients work in the garden—very few; they have not been accustomed to it—very few gentlemen seem to do it. There is a difficulty in getting them to amuse themselves in the garden; but, occasionally, we have a

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patient who so employs himself. Several walk beyond bounds in the country, or drive in the country. Some occasionally attend church in town; some go to one church, and some to another, according as they are Episcopalians or Presbyterians. We have occasional evening parties; strangers are not admitted; only the inmates of the house are present.

Discharge of Patients.

When patients are discharged there is, in general, no notice given to the Sheriff; but if the friends were removing a case, (say a fiscal-case, or a case that had been dangerous to the public) without my approbation, then I would communicate with the Sheriff. This would be merely a precaution on my part; I am not obliged, I think, to do it; I do not think that in fiscal-cases I am called upon to give notice to the Sheriff before the patients are discharged. The friends can remove a patient without the sanction of the Sheriff; still I think it right always to give notice to the Sheriff in such cases, and when the patient is dangerous. The person who places the patient in the asylum may remove him at any time.

Trial Dismissals.

Occasionally patients are dismissed on trial before they are permanently discharged; sometimes the plan answers, sometimes they are obliged to return. Some of our patients, but very few, regularly go away every year for a time for change of scene.

Removal of Patients.

The friends or relations of a patient may remove him without any warrant from the Sheriff. It is not necessary to consult the Sheriff on the removal of a patient. I have known instances where a patient has suffered in consequence of indiscreet removal by his friends. I think they often act very injudiciously in removing their relatives prematurely. There is a great risk of that. The Sheriff has never discharged any patient from our establishment.

Charge for Licenses.

On the admission of a new case, there is a fee of 14s. paid for the license, and I think there is an annual fee of 5s. in each case; either 5s. or 7s., I think only 5s.; that is what is called the annual license; we pay it every year that a patient is in the house. The 14s. includes the payment to the Sheriff-clerk; the fee used to be £1, 1s. 6d., but it has been lowered during the last twelve months. Our license is regularly renewed every year. The Sheriff fixes the charge for the license; I do not know why it varies in different houses; all private patients, I think, pay the same; it is less in a pauper establishment. The statute states that only 10s. 6d. shall be paid when a person is confined, provided always, that for no license to be granted shall there be paid less than the sum of £2, 2s. I think it was higher; it was reduced to £1, 1s. 6d.; I think it was £2, 2s., at one time, on the admission of each case. It was reduced by the Act of 1828 to 10s. 6d. Until the last few months we have always paid on the admission of cases £1, 1s. 6d., and within the last twelve months we have paid 14s. In applying for the annual

Annual License.

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license, I send no letter to the Sheriff; I just call with a list of the names, and present it to the Sheriff-clerk, and he compares it with the entries in his book, and if there is any discrepancy he points it out to me; if the names correspond, and it is all right, he makes out a fresh license, entering every name in the sheet of paper. The Sheriff signs it. The form of the license is simple: there are a few words at the head saying, By such an Act of Parliament you are entitled to take charge, &c.; they are only a few words, and I forget what they are exactly. The license is made out in Dr. Lowe's name and my own. When I took possession of the house, the patients were transferred to me; I was formerly medical attendant, and when the other parties died, I continued the house, and the license was just made out in my name. A document was drawn up, embracing the names of all the parties then in the house, transferring them to me.

Form of License.

Regulations by Sheriff.

I suppose the Sheriff has a right to make regulations for the management of the house, but he has never done so. He has never given us any written regulations; nor had we any from Sheriff Speirs. I do not recollect that the Sheriff, so far as we are concerned, has ever exercised this power.

Interference by Relatives.

The friends do not take upon themselves any authority in directing the kind of treatment to which their relatives shall be subjected. They make the arrangement as to the accommodation, but not more than that; they don't interfere with the treatment. Sometimes they stipulate that they shall be kept in rooms by themselves, and not placed with other patients; but I think this stipulation is generally departed from, and they come just to leave the cases to our management. They trust to our discretion as to what is desirable. The stipulation was made under the impression that their friends would be disturbed, distressed, and injured by seeing others: when assured of the contrary, they beg us to use our own discretion, and we generally do it.

The friends leave the correspondence of patients very much to our discretion. They make no stipulation that all letters shall be sent to them—the parties placing the patient in the asylum.

Unlicensed Houses.

I have reason to believe there are medical men and clergymen who receive lunatics under the name of nervous patients, and that this practice exists to a considerable extent. It is not an uncommon thing for people to apply to me, asking if I could send a quiet case to live with them in the country. I have sent such cases: not violent cases, but such as are labouring under a delusion; cases that are really lunatic. I don't do anything of that kind, unless the friends are decidedly opposed to sending them to an asylum. I may say, "You may take them here or there," but I never give any encouragement to

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that way of disposing of them. There are such houses, which are not reported to the Sheriff at all. I have every reason to believe there are many such cases all over the country with clergymen and medical men: that is my impression. I think in this county the single patients are reported to the Sheriff. Of houses in this neighbourhood there is Gilmore House, which was opened lately, as I understand, for the reception of cases not requiring a warrant: for what are called nervous cases. The house is not licensed. I am not aware of any other, further than that there may be medical men or clergymen with one case. Doubtless they receive them for fee or reward; but whether they are reported to the Sheriff I cannot say. I don't know that I can condescend on any names just now; but you see the advertisements in the newspapers. I notice a retired clergyman pretty often advertising for the reception of nervous cases: he designates himself a retired clergyman: I don't know who it is.

I have heard of a house called Laverock Bank Cottage at Trinity; I know the name, but I do not know that it is a house for the reception of lunatics. I do not remember any other points likely to be useful in the present inquiry. We never receive any of the lower classes into our establishment. I have no practical acquaintance with the Musselburgh houses. Several of our patients are from the northern counties. We have them from all parts of Scotland, but they may not come directly to us: they may have been resident in Edinburgh. The greatest number of our cases are from Edinburgh and its immediate neighbourhood; but they are connected with all parts of the country. In general, friends prefer having their relatives near them: some do not. They come to see their relatives regularly, under certain limitations. Dr. Lowe is resident in our establishment.

Thursday, 15th November 1855.

John Hill Burton, Esq. 15th Nov. 1855.

7. John Hill Burton,* Esq., Secretary to the General Board of Directors of Prisons in Scotland, to the Secretary of the Royal Lunacy Commission for Scotland.

Edinburgh, 22d November 1855.

Sir,—I have the honour to acknowledge your letter of the 16th current, intimating the desire of the Royal Lunacy Commissioners that I should embody in a written statement the substance of the evidence which, in obedience to their requisition, I was prepared to lay before them on the 15th instant; and, in compliance with that desire, I beg to offer the following state-

* Mr. Burton was requested to furnish a statement of his views in writing, instead of his oral evidence.

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ment on the administration of the law relating to criminal lunatics, so far as it comes under the direction or cognizance of the General Board of Directors of Prisons in Scotland.

The General Board, and the several County Prison Boards, were constituted, in 1839, by a statute continued and amended by subsequent statutes in 1844 and 1851.

2 & 3 Vict. c. 42. 7 & 8 Vict. c. 34. 14 & 15 Vict. c. 27.

By the system so established, the local prisons are under the immediate direction of the County Boards, while the General Board exercises a certain control over the proceedings of these Boards, and has the immediate direction of the General Prison at Perth.

Insane Persons receivable in Local Prisons.

The prisoners who, on account of insanity, may be received into local prisons are, generally speaking, —

1. The several classes to be presently specified as removable to the General Prison.

4 & 5 Vict. c. 60, § 3.

2. Those committed to the prisons under the statute of 1841, for inquiry, and subsequent committal to a lunatic asylum, should they be found to be dangerous lunatics.

Annual number committed to Prisons.

All who are committed are entered in the periodical returns from the several prisons. From these it appears that in the year ending in June 1855, 54 had been so committed, of whom 36 were sent to lunatic asylums, 3 were sent to the General Prison, and 8 were discharged, leaving 7 (an unusually large number) at that date in the local prisons.

Nature of Cases receivable in General Prison.

The classes who may be removed to the General Prison, are those who,—

1. By reason of insanity are found unfit for trial.
2. On trial are found insane, and not fit objects of punishment.
3. On trial are found to have been insane when the offence was committed.

The sentences are pronounced by the Court of Justiciary, or the Sheriff. They generally ordain the prisoner to remain at the further order of the Court; and, in a few instances, the detention is to be only until security is found for safe custody.

4. Prisoners whose insanity is certified by two medical men. This class was added by the Act of 1844. It applies to convicted prisoners to whom insanity has supervened while under sentence; but in a few instances prisoners have been removed to the General Prison before trial.

The removals are executed on orders of the Board, signed by five Directors, and authorized by a special minute.

To exhaust, however, all the conditions under which insane prisoners may be removed, it is necessary to remember that the Secretary of State has statutory powers to remove convicts sentenced to transportation or penal servitude from or to any prison; and there is at present in the lunatic department of the General Prison, a female convict who, although she did not come within

the definition which entitled the Board to remove her, was deemed a fit person to be sent thither by the Secretary of State.

A class of cases still remains—those in which insanity supervenes to a prisoner while confined in the General Prison. The practice in these instances, as sanctioned by the Secretary of State in 1853, is that the surgeon of the General Prison directs a removal, from the prison proper, to the lunatic department, and makes an immediate report to the Board of his reasons for deeming that step necessary.

Securities for the Removal of Lunatics to the General Prison.

When the system of removal to the General Prison was adopted, special means were taken to discover all criminal lunatics in the local prisons, or transferred from these to asylums. At present the securities for the discovery of all cases suited for removal are the following:—County Boards, when they find a lunatic in one of their prisons, are in the habit of representing the propriety of a removal. The clerks of Criminal Courts are bound by statute to intimate to the General Board all sentences to periods not less than 6 months; and they sometimes—but not always—enter the indefinite sentences on lunatics. Should a case fail through these channels to reach the Board, it will be discovered in the quarterly return, in which each keeper is bound to make a special entry as to any lunatic in his custody.

Origin of the Lunatic Department of General Prison.

The original design of the General Prison comprehended "a wing for lunatics;" but until the year 1846, it was used exclusively for prisoners who became insane during their confinement in the General Prison. Until that time, the Board, exercising their power under the statute to treat for the detention of criminal lunatics in public asylums, had to contend with two difficulties—the necessity of leaving many of the lunatics in local prisons where they could not receive adequate treatment, and the alternative of committing them to independent managers of asylums not responsible for their safe custody.

Accommodation afforded by it.

In their 7th report the Board state that "very great difficulty has occasionally occurred in finding suitable asylums willing to receive insane criminal prisoners or lunatics, whatever sum might be offered for their maintenance." In the representation of the Board to the Secretary of State in 1846, on which the application of the lunatic department was extended, the Board stated that the edifice was fitted up under direction of the surgeon; that it would afford accommodation for 35 males and 13 females; that it would be entirely separated from the rest of the prison; and that it would contain space for exercise and recreation. They added, that it was a fortunate circumstance, though not to be relied on as a permanent arrangement, that the surgeon of the General Prison happened also to be the medical superintendent of an extensive establishment for lunatics in the immediate vicinity of Perth. In October 1846 the hospital was opened for the reception of lunatics of the classes above enumerated.

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Custody of Insane Prisoners in Local Prisons.

Regulations as to Visits by Surgeon.

The General Board still possess the power, under the original statute, of dealing with the directors of lunatic asylums for the custody of criminal lunatics; but they are not in use to exercise it.

There are no special regulations applicable to the custody of the insane in the local prisons, as it is understood that, unless there has been some flagrant neglect of duty in the preparation of the returns, they can only be so confined for a short period. By the rules applicable to all the prisons of Scotland, each prison has a surgeon, whose duty it is to see every prisoner "as "soon after his admission as practicable;" and who must visit every prisoner twice a week, unless in the instances of those small prisons which are only licensed for sentences not exceeding one month, when the visit need not be oftener than once a week. It is a rule that County Boards shall provide for the inspection of prisons, including an examination of every prisoner by members of their own body, at least once a month.

Custody of Insane Prisoners in General Prison.

In the lunatic department of the General Prison there are 4 male, and generally 2 female warders. By special regulation of the Board, the surgeon must concur in all appointments in this department, and they are subject to the revisal of the Board. There is no resident medical attendant. The surgeon or his assistant visits the prison daily. The surgeon is bound by the rules for prisons in Scotland to see each individual prisoner twice a week.

Reports by Governor, Surgeon, and Chaplain.

Besides annual reports which appear in the appendix of the Board's report to the Secretary of State, the governor, chaplain, and surgeon make respectively a quarterly and a monthly report. In these the surgeon specially reports each case of insanity, and each case of bad health. The governor makes a weekly return to the Board, in which the insane are enumerated and any matters of special importance stated. The Board appoint, from their own number, monthly visitors to visit the prison and report, and it is the practice of the visitors to see every prisoner.

Removal of Insane Prisoners from Local Prisons.

The circumstances under which insane criminals may be removed from local prisons are anticipated in the preceding statement—those in which they may be removed from the General Prison are, generally speaking, as follows:—

Removal and Liberation of Insane Prisoners from General Prison.

When the prisoner has been removed thither on the ground of supervening insanity, which continues till the period when the sentence is about to expire, it is usual for the Board, acting under their statutory powers, to remove the prisoner back to the local prison that he may be there at the expiry of his sentence. For the safety of the public, the governor of the General Prison is instructed in all such cases to make an intimation to the clerk of the County Board, that he may apprise the procurator-fiscal of the expiry of the sentence. When the insanity supervenes in the General Prison, the same course would apply, unless the

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prisoner were a convict placed there by order of the Secretary of State, and at his immediate disposal.

When a prisoner, removed to the General Prison on account of supervening insanity, is restored to sanity before the expiry of his sentence, he may be transmitted to the local prison. A case occurred of the recovery of a prisoner found unfit for trial and adjudged to remain at the order of the court, and I find that the Board resolved to order transmission to the local prison, and intimation to be made to the Lord Advocate, who would have to deal with the case as that of a sane person standing under accusation of crime. In an instance when the prisoner was found, on trial, to be unfit for punishment on account of insanity, he was discharged by authority of the Secretary of State, on his restoration to sanity being duly certified.

When a prisoner whose insanity has supervened in the General Prison is placed in the lunatic department by the authority of the surgeon, he may, if he be restored to sanity, be re-conveyed to the prison proper by the same authority.

The surgeon is specially instructed to report to the Board, when he has reason to think that any prisoner in the lunatic department has ceased to be insane.

It must be remembered, however, that it is possible that a prisoner not insane may be imprisoned on account of insanity. Thus he may be found to have been insane when the offence charged against him was committed, although he is not insane at the time of trial. I am not aware of any instance indicating the course that would be taken were such a case made out.* In their 13th report, however, a statement will be found of the Board's proceedings, on the discovery that 4 men removed from

* Since this evidence was given, the following cases have been decided; and probably indicate the course that will, in future, be adopted, under similar circumstances. They have been communicated by Mr. Burton :—

A female prisoner, tried on 8th September 1852, was found by the jury to have murdered her son when "insane and deprived of her reason," and adjudged by the Court to be confined during all the days of her life, or until further orders of the Court of Justiciary. On the 8th of October following, she was removed under the statutory powers to the General Prison. The surgeon of the Prison having early in the present year certified that neither at the time of her admission, nor since, had he been able to detect the least symptom of insanity in her, though she was violent tempered and troublesome, the case was, on 5th May 1856, brought under the consideration of the Secretary of State, who intimated to the Board that as the prisoner was detained, not during Her Majesty's pleasure, but until further orders of Court, all applications in relation to her release should be made in the regular way to the High Court of Justiciary.

The case having been subsequently brought under the notice of the Lord Advocate, it was intimated, on the part of his Lordship, that the Crown would be prepared to pay the expense of an application for liberation, the Board having previously assured themselves that the prisoner had no means for defraying the expense of such an application. The law agent for the Prison Board having presented the application, a warrant of liberation was granted by the Court on 17th December 1856.

In another instance, where a prisoner confined in the same manner, as having been insane when the offence was committed, brought evidence of his restoration to sanity, the Court lately granted warrant of liberation on his own application.

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a local prison on the ground of supervening insanity had been erroneously certified to be insane. The result of an inquiry shewed that they had not been insane at any time during their imprisonment in the General Prison, and they were re-transmitted to the local prison.

I trust that this statement will be found to contain a general view of the laws and regulations for the admission of insane prisoners into the prisons of Scotland, their detention there, and their removal or liberation.—I have the honour to be, Sir, your very obedient servant, J. H. Burton.

Mr. John Gould. 15th Nov. 1855.

8. Mr. John Gould, Principal Clerk to the General Board of Directors of Prisons.—Sworn and Examined.

Powers of General Prison Board.

I am clerk to the General Prison's Board, and have held the situation since September 1839. I am tolerably cognizant of the business. With reference to criminal lunatics, the Board had power, by the first statute, to contract with asylums; but this was only applicable to three classes of prisoners, as given in the 30th section. By the second Act, the powers of the Board were extended to all classes of lunatic prisoners, but they have not, in fact, contracted with asylums since about 1846;—considerable difficulties were found in the way. There was a general desire on the part of the different asylums to be relieved of that class of lunatics who are termed criminal. This circumstance was represented to the Home Office, which sanctioned the allotment of a wing of the General Prison at Perth for lunatic wards. These were established about October or November 1846, when three prisoners were sent to them.

Establishment of Lunatic Wards at Perth Prison.

Number of Lunatics, and Accommodation.

The building and appliances were constructed chiefly under the direction of Dr. Malcom. These three lunatics were removed from asylums. I cannot speak as to the present number of lunatics in the lunatic wing; but, on the 31st December last, there were 21 males and 6 females. The amount of accommodation has never been sufficiently tested, but it is supposed to be sufficient for 35 males and 13 females. There are 20 rooms for males, and 6 rooms for females. The building stands apart; it is surrounded by a wall, has airing-grounds, and affords provision for the separation of the sexes. As far as concerns facilities for the classification of the lunatics, there are rooms where some are kept separate from others, but generally, they are associated. They are received in this manner:—The General Board issued regulations as to the description of prisoners to be received into the General Prison; but these do not apply to the insane or lunatic prisoners, the reception of whom shall, in each case, be regulated by the General Board, in exercise of the authority conferred on them by the Act 2d and 3d Vict., c. 42, and 7th and 8th Vict., c. 34.

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Since the establishment of the Board, the Courts of Law are not in the habit of sending lunatic prisoners, under their warrants, direct to the General Prison. Supposing a man to be found insane at the time he committed the offence, he is generally ordered to be detained till the further orders of the Court; in general, he is detained in the prison of the county. The General Board holds that it has the power to transfer him to the lunatic ward of the General Prison, and, in practice, it generally does so. I may mention that, from 1839 to 1846, the practice for the General Board was to contract with asylums, and to grant an order for the transmission of the prisoners to the asylum. In 1846, the wing at Perth was opened for their reception, and at that period, or shortly thereafter, the General Board removed the whole of the lunatic prisoners that were then in asylums, to the General Prison; and whenever a case now occurs, it is sent to Perth. I am under the impression that there is not, at present, a criminal lunatic in an asylum or local prison in Scotland; nor in a licensed house; nor, indeed, in any asylum, public or private. When the Board transferred the criminal lunatics from the asylums, it transferred all cases, including those of long standing. I cannot account for the fact of Mr. W., who is said to have been committed to Morningside as a criminal lunatic, being still there. I can say, if such a case exists, that it was certainly omitted in the return that the General Board obtained. It was not returned to the General Board, and I did not know that such a case existed; had I been aware of it, I would have brought it before the secretary of the General Board. Supposing this person to be a man of fortune, and that a large payment is made for him, I certainly consider that would have had no weight with the Board in considering his case. I may mention a case which occurred in 1850 or 1851, in a northern county:—A person was found to be unfit for trial, and sentenced to be imprisoned until further orders of the Court. By some omission, the County Board and the keeper of the prison neglected to bring that fact under the notice of the General Board; but, as soon as it came before the General Board, they granted an order for the removal of the prisoner to Perth, and she is there at present. At the time when all the criminal lunatics were transferred from asylums to the lunatic wards of the General Prison, application was made to County Boards for a return of all the criminal lunatics, whether in prisons, asylums, or elsewhere; but no return was required from the asylums; the County Boards had the responsibility of tracing them out, so that such a case as that of Mr. W. at Morningside, if he is under a criminal warrant, is owing to the County Prison Board not having returned him as in an asylum.

Procedure with regard to the Admission of Lunatic Prisoners.

Removal of Lunatic Prisoners from Asylums to General Prison.

Case left in an Asylum.

Procedure on Removal of Criminal Lunatics from Asylums.

The Board has still the power to contract with asylums, when they deem it expedient to do so; the Act is permissive. Every

Power of the Board to contract with Asylums.

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case has been removed, and I do not think the Board would exercise the power of allowing the case above alluded to to remain in the asylum, if it were brought before them, although they have the discretion, in my opinion, either to remove the individual to the General Prison, or to leave him in the asylum, where he would certainly have the advantages due to a payer at a high rate; but having ample accommodation at Perth, I think the Board would prefer sending the prisoner there: that is a matter of opinion.

Means of Curative Treatment in Lunatic Wards: Surgeon.

You ask, when I say there is ample accommodation at Perth, if I conceive there are all the appliances necessary for the curative treatment of lunatics, as well as for their detention? Well, we have a very good surgeon, who is at the head of Murray's Asylum in Perth; however, he is not resident. He visits the prison daily, but I cannot say whether he visits the lunatic wards daily. When Dr. Malcom cannot attend himself, he sends an assistant as a substitute; he sees each prisoner twice a week; there is no special regulation as to his visiting the lunatic department; it is just like the rest of the prison.

Attendants.

In the lunatic department there are at present, I think, four male attendants; there are generally two female attendants, but I think there is only one at present. The lunatics are not subjected to prison discipline; I think all the cases are on special diet.

Procedure on Recovery.

When a lunatic recovers, Dr. Malcom is instructed to report the case to the General Board; I think, perhaps, five cases have been so reported since the institution of the separate wards. The Board proceeds, in reference to them, in the following

Mode of Liberation.

manner:—In one case they represented the circumstances to the Lord Advocate, and intimated that it was their intention to remove the prisoner to the prison from which she had come. The prisoner had been found unfit for trial, and I rather think the Lord Advocate recommended a pardon; but before that was carried out the prisoner became again insane, and died before liberation. Two were cases of transportation which were reported to the Home Office, and tickets of leave were granted; this was within the last two years. Three were males who obtained tickets of leave; they had recovered; special reports on them were sent to the Home Office; I don't think any of them have had relapses; their health was good. The Board took no further cognizance of them, and I do not know what has become of them; incidentally I heard that one of them had been again transported; I cannot charge my memory with the nature of the offence this man committed. These were all insane convicts, but it was not in the General Prison that insanity supervened; it was in the local prisons.

Reports by Governor and Directors.

The governor's report on the conduct of the prisoners acts as a check on Dr. Malcom. There is a monthly inspection by the

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visiting directors appointed by the General Board; they make a report, in detail, when any special circumstance occurs; and there have been cases, connected with these insane persons, reported by the directors.

Course pursued on Recovery under various Circumstances.

I do not consider it the duty of the General Board, as soon as a prisoner is cured, to report to the Lord Advocate, or to the Secretary of State, in all cases. For instance, if the prisoner had a considerable period of his sentence to run, the General Board would, in all probability, remove him to the prison whence he came, to undergo the remainder of his sentence; but in the case of a prisoner who is found insane in bar of trial, and who has never been tried, I think the regular course on his recovery would be to report the case to the Lord Advocate. Again, supposing a case that has been found by the jury insane at the date of the offence, I think it would be entirely a matter for the Board to consider what course to pursue in the event of recovery. We have had no recoveries in such cases. I have no experience of such a case. So far as I know there is no positive security, no machinery, for the liberation of such a case; it would, I think, be considered by the Home Department, if the circumstances were reported.* Supposing the case of a prisoner who has become insane in the General Prison, and who has, in consequence, been sent to the lunatic wards; in the event of his recovery before the expiry of his sentence, he would be sent back to the ordinary cells; but if he became insane in a local prison he would be sent back there to finish his sentence. In cases of recovery of prisoners who had come from the ordinary cells of the General Prison, the Board would be satisfied with the evidence as to sanity of Dr. Malcom alone; but in those cases which had to be sent back to local prisons, the examination of two or more physicians or surgeons would be required, before the Board granted order for re-transmission. That is, supposing a portion of the sentence has still to run, the Board requires the evidence of two medical men. In a case of insanity, occurring in the General Prison, Dr. Malcom's certificate is deemed sufficient to transfer it to the lunatic wards. In 1851 there were four cases of supervening insanity transmitted from Glasgow to Perth. Dr. Malcom reported that, in his opinion, they were not insane. Upon that report the General Board ordered an investigation, and conjoined two other medical gentlemen with Dr. Malcom; and their opinion was that the prisoners were not insane. In these cases the General Board granted orders, on the medical reports, to send the men back to the Prison of Glasgow. When application is made to the Secretary of State to liberate lunatic prisoners, he generally requires a report from the officers of the prison, as to the

Certificates required as to Recovery.

* For procedure that has been adopted since this evidence was given, see note, p. 311.

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conduct and health of the prisoners, and he acts upon it. I do not know of any case in which the Secretary of State liberated a man without obtaining a report through the Board; I do not know that this was done in the case of Connacher. I do not remember the course that was pursued in the case of a lunatic who had committed murder, during an attack of puerperal mania, and who was liberated after some years.

Powers of the Court of Justiciary to detain and liberate Insane Prisoners.

Since the institution of the General Board, the Court of Justiciary has not exercised any power to liberate the lunatic prisoners whom it sends to prison;* I am not aware that the Court exercises any control whatever in reference to lunatic prisoners sent to Perth. There is one case of a person from the county of Edinburgh who committed murder—Peter Pearson. Before he was brought to trial, the General Board, on medical certificates, and on the application of the Prison Board of Edinburgh, transmitted him to Perth. He was subsequently indicted, and brought to Edinburgh for trial. That was done by warrant of the Court, I believe, and the Court, in that instance, after sentence, granted warrant to send him back to the General Prison. That is the only exception I know, and there was an order by the Board in that case, authorizing the prisoner, while untried, to be detained at Perth. In all other cases at Perth, the insane are there on the order of the General Board, with the exception of C. M'Cann from Aberdeen, who is under warrant of Viscount Palmerston.

Dangerous Lunatics.

The General Board has held that the class of persons called "dangerous lunatics" does not fall within their powers, and in any returns they have always been excluded. There are a great many such in asylums and in licensed houses, but they are not considered as falling under the category of criminal lunatics; not one has ever been transferred to the General Prison. They do not come under the Board's cognizance, and I can give you no information about them.

Inspection of Lunatic Wards and Treatment of Patients.

The lunatic wards at Perth have never been full; there is sufficient accommodation. I do not think that there are any prisoners at present in the lunatic wing that the Surgeon considers cured. There is one person who was found to have been insane at the time he committed the offence, Dr. Smith, but he was sentenced to imprisonment as having been insane; if he were cured I would suppose it quite a case for the Home Department to deal with.† There are no visits by the Sheriff of the county, nor by medical inspectors, as a check on Dr. Malcom. Accidents in the lunatic wards, through the violence of one prisoner to another, or to themselves, are very rare; I think there was one case. I do not recollect any case of suicide. The

* See note, p. 311.

† On 27th November 1856, the Court of Justiciary ordered the liberation of Dr. Smith.

General Board has issued no order as to any difference of treatment between the lunatics according to their position in society. A gentleman and a poor man are treated alike. There is no regulation to make any difference. In the case of Dr. Smith, for instance, he may, perhaps, be allowed extra food, but that is by direction of the surgeon.

Disposal of Lunatics at Expiry of Sentence.

When a lunatic, at the expiry of his sentence, still continues insane, he is sent to the local prison whence he came, with an injunction that the clerk of the County Board shall communicate with the procurator-fiscal and the parochial authorities, with a view to his safe custody and disposal. Such instances occur; I do not know what becomes of them, but the County Boards would probably know. They are generally transmitted from Perth ten or fourteen days before the expiration of the sentence to give time to make arrangements, so that they shall not remain one hour in the county prison after the expiration of their sentence. The County Boards are bound to liberate on expiration of sentence, and the responsibility thereafter, I suppose, rests with the procurator-fiscal. I do not know whether the County Boards take security on these occasions; in the case of a pauper who has no friends to look after him, he is handed over to the parochial board.

Ordinary Department of General Prison.

The average number of prisoners in the General Prison in the year ending June 1854, was 526, viz.,—518 males and 8 females; if the prison were full, upwards of 600 would be accommodated.

Prisoners who become weakminded.

There are frequent instances of prisoners becoming weakminded during their confinement, without being decided lunatics. They are transferred to a department for the weakminded class, a medical ward with special rules for their treatment. There are a few cases in which two prisoners are put together, doubled-up, as it is called,—a sane and weakminded prisoner together; there are generally about 20 of these, and this is done under a special rule of the Board, approved by the Secretary of State; the Board look to the surgeon and the governor for a knowledge of these cases. In these doubled-up cases the mental weakness has occasionally gone on till they became insane, and it was necessary to send them to the lunatic wards; but there have been extremely few such cases. The mental weakness has in some instances been induced by confinement. The Board receive a monthly report from the surgeon with the names of those affected. The separate confinement was believed to operate injuriously to a considerable extent on the younger delinquents. A report to this effect was made by Sir John Kincaid, the inspector of prisons, to the Home Office, and thereafter the Board adopted measures for relaxing the rule. Regulations were framed accordingly, and now prisoners under 14 years of age are put into a separate place together, and are associated. The juveniles were found to become stiff in their limbs, and this was thought

Effects of Association on Juvenile Delinquents.

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to arise from the want of proper exercise, and the want of association. There is a special report by Sir John Kincaid. The change has been followed by beneficial results. They are now quite active and lively, and we find almost no cases of stiffness. They are employed in labour.

Case of Dr. Smith

The explanation of a case being returned from the jail of Forfar, as being in confinement there, having been found insane at the date of the offence, is this,—it applies to Dr. Smith, who has since been transferred to the General Prison. He was detained after sentence for a short time in Forfar Prison in consequence of proceedings depending before the High Court. The friends of the prisoner wished him to be sent to an asylum, and the Court allowed them to ascertain the terms on which an asylum would take him. These were not deemed satisfactory, and were declined. I think the General Board could send him to an asylum without consulting the Court, but that would be taking a large responsibility, considering they have a good prison at Perth.

Dangerous Lunatics.

The Board have no record of dangerous lunatics. There is an annual return stating the numbers committed; and there is a quarterly return made by the keepers, stating the number in prison at the day on which the return closes. The Board have no means of tracing these dangerous lunatics; we don't consider that we have charge of them. In the year 1854-55, the number of dangerous lunatics sent to asylums was 27 males and 9 females.

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9. Archibald Davidson, Esq., Sheriff of Aberdeenshire.—Sworn and Examined.

Application for Warrants.

I have been Sheriff of Aberdeenshire since 1848, and as Sheriff have had occasion to turn my attention to the custody of lunatics in that county. Warrants are granted to relatives, if there are relatives; and in the case of dangerous lunatics, to the procurator-fiscal. I don't remember any case where any inquiry was made as to the title of the applicant; that is, whether his representation of it was correct; but I have an impression of a case where I myself objected to grant a license, or to proceed upon the application of the individual who did make it, in respect that he was not the nearest relation, and that there were others from whom the application ought rather to have come. I have an impression of that case merely. When such applications are made, the alleged lunatics have no opportunity of opposing them, without an application on their part. Under the statutes one medical certificate is sufficient; I think the statute is precise upon that point. The 9th section of the 55th

Medical Certificates.

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Geo. III. says precisely—"Shall be signed by a medical man "who is either a physician, &c.;" and then, if he has not the qualification stated there, it says the certificate may be signed "by any medical practitioner." It depends on circumstances whether in practice I consider one sufficient; I may not consider the certificate satisfactory; or there may be circumstances apparent which make recourse to an additional medical man necessary or proper. I have ordered an additional certificate. I should decidedly object to the certificate of a relative as the only certificate; and also to the certificate of one medical man only, who had an interest in the house to which the patient was to be sent. There is no statutory requirement of the sort; it is quite discretionary. I take care to see that the party granting the certificate is properly qualified; or rather I would say, I am not aware of an instance where the point arose as to any person giving a certificate, who was not fully within the qualifications of the statute. When I am satisfied with the certificate, the warrant is granted *de plano*, without my seeing the patient. Unless some difficulty arises in the circumstances that come before me, I take the certificate as sufficient, and would not appoint any person to inspect and report on the state of the patient to me. There is a circumstance connected with the Royal Asylum (Aberdeen), which would perhaps make one more apt to receive the certificate as sufficient than in another case; because in practice there is the signature of the consulting physician and resident surgeon of the Asylum, as to the person being a proper party to be admitted into the house, after the Sheriff's warrant is granted. No doubt that does not come before the Sheriff before he grants his warrant; but it is put in the same schedule, and the copy or duplicate is kept by the Sheriff-clerk.

We have had no instances, that I recollect of, of lunatics brought directly from asylums in other counties to asylums in Aberdeenshire. The medical certificate used in Aberdeen states that the party has seen the patient and examined him, and considers him insane. But I don't think the statutes lay down any particular rules. Here are [puts in] the form of petition to the Sheriff, and his warrant for the Royal Asylum; the petition and warrant for Dr. Poole's asylum, which is a private madhouse; and the petitions and warrant and medical certificate for the detention of lunatics in the poorhouses. Occasionally the medical certificates state the kind or species of insanity; I require this in the case of admission to the poorhouses; but this is a particular case, and stands by itself. But I should say, in regard to the medical certificates for the admission of persons into an ordinary licensed madhouse, or lunatic asylum, it is sufficient for the medical man to say that the person is insane and fit for confinement in a lunatic asylum, that he is

Forms of Petition, Warrant, and Medical Certificate.

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"a proper subject for treatment in a lunatic asylum." He is not required to state the grounds on which he forms his opinion of the insanity of the patient, but sometimes it is done; the Sheriff would be entitled to require anything he chooses to be stated. I am not aware of any case in which the penalty of £50, imposed by the statute, has been exacted for an irregular certificate.

Granting of Warrant.

The warrant is granted in this manner: The petition is presented by the party who asks that the patient shall be confined in the asylum; and the petition prays that a warrant be granted in respect of the certificate; and what the Sheriff does is, to state that having considered the petition and certificate, he grants warrant as craved. It is granted, of course, to the party who asks for it, and it is executed by any individual he chooses to select. I have no means of knowing by whom it is executed, but generally, I believe, it is executed by the person who applies for it, with perhaps a medical man, or one of my officers to assist. Having granted the warrant, the Sheriff does nothing further.

Execution of Warrant.

Admission of Patients into Poorhouses.

In applications for confinement in the poorhouse, the proceeding is this: in the first place, the parochial board obtains the consent of the Board of Supervision to a lunatic asylum being dispensed with, in terms of the Poor Law Act, in the case of the individual lunatic. The application for a license is then made to the Sheriff, with the certificate of the two medical officers of the parochial board, and this consent of the Board of Supervision; and if the Sheriff is fully satisfied that it is a fit case for the poorhouse, the license is granted. If he is not satisfied, he would probably order further inquiry; and if not satisfied then, he would refuse the license. I am of opinion that the 59th section of the Poor Law Act does not supersede the necessity of attending to the requirements of the Madhouse Acts. The Board of Supervision is of that opinion; and it requires, when it consents to dispense with the removal of a pauper lunatic to a lunatic asylum, and that he shall be placed in one of our poorhouses, that a license for his custody there shall be obtained from the Sheriff. That is the condition of its consent. And, on the other hand, before granting a license for the poorhouse, I require that the parochial board shall have obtained the consent of the Board of Supervision to the pauper's being placed there. Thus there is a double security that the poorhouse is a fit place for that particular pauper.

Operation of Poor Law Act, and Lunacy Acts.

Period for Execution of Warrant.

I observe that in the warrant for the Royal Asylum, a limit of 10 days is fixed, within which it must be executed:—"This "warrant not to continue in force or have effect unless executed "within 10 days from this date." In the form of warrant for the private asylum there is no limitation specified; but there is a blank space where such a limitation may be added; and I am

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not at present prepared to state whether in practice a limitation is always made. I am inclined to think that, except in peculiar circumstances, 10 days is too large a limit. I cannot say whether, in the case of the escape of a lunatic, the warrant would be considered to remain in force for his apprehension. No case of this sort has occurred. There is no provision in the statute on the subject. A regular record is kept by the Sheriff-clerk of the applications and warrants. Copies or duplicates of the certificate, petition, and warrant, and of the whole process are kept, so that any person put into an asylum under my warrant can at once be traced on application at the Sheriff-clerk's office. The medical certificates are preserved; either a copy or a duplicate will be found in the Sheriff-clerk's office.

Notice to Sheriff of Discharge of Patients.

I know when patients are placed in confinement, but no notice is given to the Sheriff of their discharge. There is an entry in the book of the keeper of the lunatic asylum of removal in whatever way. Except by an inspection of this book, and a visit to the house, there is no way of knowing as to discharge or removal. No report is made to me; I do not think there is, even in the case of dangerous lunatics confined at the instance of the procurator-fiscal.

Inspection of of Asylums by Sheriff.

The statute requires inspection twice a year; once by the Sheriff, and the other time either by him or his Substitute. That is observed. For my own part I inspect almost always twice; but an inspection is always made twice. I cannot say whether inspection is ever more frequent than twice, either by myself or my Substitute; certainly not as a system. The keepers of the houses have no notice of our coming. I should say the inspection is minute. I do not consider my functions are limited merely to taking care that there is no person improperly detained, but to see that the patients are properly treated; I do not mean their medical treatment. I consider myself charged with seeing that the apartments are sufficiently ventilated, and, in a general way, that the bedding, clothing, and diet are sufficient. If I observed anything wrong in any of these particulars, I should certainly call the attention of the keeper of the house to it, and desire that it should be put right. I do not converse with each patient. If they address me I do; but in a large asylum you cannot converse with each patient. But in Dr. Poole's house, for instance, I should say I converse with them all. I do not ask them if they have any complaints to make. I am always accompanied by a medical man, whom I nominate myself, and also, in all my visits, by the procurator-fiscal of the county. I do not consider I am obliged to take the procurator-fiscal, but I find doing so useful, for this reason:—he is, in the first place, an officer in whom I have the greatest confidence; and I find him of very great assistance if anything is wrong, in afterwards seeing that it is put right; as, for instance, if any-

Functions of Sheriff.

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thing is wrong about the ventilation, or about the safe-keeping of any one. These are instances which have actually occurred. Or about diet; or if the trees were growing so near the wall of the asylum as to facilitate escape. I should direct these things to be put right, and the procurator-fiscal would report as to their being done; he would visit again, or communicate with the keeper of the house. I never found an instance in which the keeper refused to do most willingly what I required. I do not think the statutes make any provision for the case of refusal, but I never found a case where my suggestions were not attended to. The details of the inspection I trust very much to the medical man accompanying me. He makes no written report to me unless specially required to do so; his report may be said to be made verbally at the time. I have frequently remitted to a medical man appointed by myself to visit and report upon particular things. This has generally happened in cases from the poorhouses, where the character of the disease of a patient has altered, so as to raise the question whether he is now a proper person for confinement in that particular way.

Regulations regarding Poorhouses.

The matter is brought to my notice in this way: in regard to the poorhouse, the medical officer and inspector are required to make instant communication to the Sheriff-clerk for my information, whenever any kind of change takes place in any patient confined there, or there has been an attempt to escape, for instance, or anything, in short, remarkable. They have to make an immediate entry in their register, and they have to communicate a copy of that entry instantly to the Sheriff-clerk. I cannot charge my memory with having made an order for an inspection, to any extent, of the Royal Asylum.

Powers of Sheriff.

I do not consider that I have any powers at common law, over and above what the statutes give, to remedy abuses, unless there was some maltreatment of a patient, when the matter would come under my cognizance as a magistrate. I don't recollect any case where I ordered a person to be liberated whom I thought improperly confined, the medical officials of the house being of opinion that he ought to remain. I have known various instances in which the exact state of a party under confinement has been brought under my notice by the physician of the Royal Asylum, and a discussion has arisen whether the party ought to be liberated or not. These cases have generally been brought under my notice by the physician himself, anxious for advice. If the physician was quite clear on the subject, he would liberate the patient without any communication with me at all. Instances of that kind constantly occur.

Effects of Sheriff's Visit on Patients.

With reference to this matter of inspection and the number of times the Sheriff visits, I am quite aware he is the only party to whom the public look for some control of these asylums, and a very inadequate one it is; but I have always observed that a

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visit of the Sheriff to a lunatic asylum, especially to a large asylum, had a bad effect on the patients. It excites them, giving them hopes or imaginations of release. If you go into a ward where many of them are together, if they are at all violent, it instantaneously becomes a scene of great disturbance; and I have been told by medical persons and other officials, of patients having suffered for some time afterwards. It is impossible for the Sheriff to give such constant inspection that his visits would cease to excite through their frequency. If he went six times a year it would be as bad perhaps. A monthly visitation would be perhaps as bad; and, if it be done in the way I do it, with a medical man and the procurator-fiscal, accompanied by the officials of the house, that makes a large body of people. The number of people with you aggravates the thing; and, in regard to the matter of speaking to each patient, if you at once see that the person is really a lunatic, your great object is to get away from him and prevent him becoming excited.

Reports to College of Physicians and Clerk of Justiciary.

I believe that in my county the provisions of the statute 55 Geo. III., c. 69, sec. 21, 22, requiring reports to be made to the College of Physicians, and to the Clerk of Justiciary, are attended to. But these reports have never, I understand, in the county of Aberdeen, been laid in a formal manner before the Commissioners of Supply. But a regular register of these annual reports has been kept, and it is open for inspection, at the office of the Sheriff-clerk.

The Sheriff as Guardian of Lunatics.

I don't think that the Sheriff is a proper party to be the entire and sole guardian of lunatics, in the matter of visiting and inspecting asylums. I think it impossible that he can give that constant and unremitting attention to the matter which is necessary, in order to have an effectual control over them. The statutory regulations that the Sheriff is entitled to make for the conduct of licensed houses are limited. What I call the limitation of the power of making regulations is in these words, in the 15th section: "which may tend to the due preservation of the "health, and insuring the proper treatment" of the persons. As I read the clause, I don't see that it gives the Sheriff power to make regulations and rules, except such as tend to the preservation of health and proper treatment. These are very loose words. It may mean treatment in the way of clothing and food. Probably it may include the number of attendants. With the exception of the regulations for the poorhouses, I would say I have not issued any such regulations. I don't know whether it comes under the class of regulations, that when you see anything wrong you give an order that it should be put right. I have made no printed regulations; looking at the clause of the Act, I would say that I have not made any such regulations. I have no means of knowing the general practice of Sheriffs in that respect.

His powers in framing Regulations.

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Licensed Houses in Aberdeenshire.

Dr. Poole's House.

Form of Application for License.

The licensed houses in my county are Dr. Poole's establishment at Middlefield, the poorhouse of St. Nicholas parish, and the poorhouse of the parish of Old Machar; the two last being licensed for a particular class of luuatics only. Dr. Poole's is the only house licensed for all classes of lunatics. It is for the middle ranks. The last time I was there, I rather think there was a pauper patient, but if there was, it was an exceptional case; Dr. Poole's house is not a receptacle for pauper lunatics. The form of application for a license to houses is this:—There is a petition stating that the party, for whom the license is wanted, is in a state of mental derangement, and requires confinement and restraint, as appears under the certificate of the medical man, or men, presented along with the petition; and that it is necessary that arrangements should be made for placing him in the house, in which it is desired he should be confined; and praying for a warrant to have him so confined.

House-Licenses.

There has never been an application to me to license a house, except in the case of the poorhouses. Dr. Poole's establishment was in existence when I became Sheriff of Aberdeen. If such a license were applied for, I should certainly consider myself bound to inquire into the fitness of the applicant to discharge the duties of keeper. In practice I have not been called upon to do so, except with regard to the poorhouses, and there the inspectors and governors are keepers. However, I know what I would do, if such an application were made; I should consider the character of the applicant as a fit person to keep such a house; I should consider whether the house were a fit place for the reception of lunatics, and their safe custody; and I should inspect it myself, probably with a medical man and the fiscal; and, if necessary, I should remit to other persons to give in a report as to the state of the house, as was done, I think, in the case of the poorhouses, which I consider a case of the same sort. I inspected these myself, at least one of them, and I am not quite sure whether I got a report, as to its being thoroughly dried, from an architect. But I inspected it to see that it was a fit place for the class of lunatics for whom the license was to be granted, and that the arrangements which the parochial board were prepared to make in reference to their custody were proper. This was the poorhouse of St. Nicholas; I think the new poorhouse of Old Machar was inspected by the Sheriff-Substitute before any lunatics were admitted into it. I consider, most decidedly, that this is a function which the Sheriff is bound to discharge. I was never called upon to license for a definite number, but if the house were only fit to hold ten, and there was an application for an eleventh, I should refuse the application; and I have done so. A case occurred some time ago. I have no definite rule as to allowing a certain number of cubic feet to each patient. I judge in a general way. In the case of St. Nicholas poor-

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house, the whole house is licensed. It is a license to keep a patient in the house without specifying the particular ward. One of the benefits arising from this, in the special case of the kind of lunatics admitted into this house, is that the patients can move about among the other paupers to a certain extent. The new Old Machar poorhouse is licensed in the same way. The old house was a very bad place. All the lunatics were ordered out of it. Some of them were boarded in the poorhouse of St. Nicholas until the new house of Old Machar was built, and the rest were sent to the Royal Asylum, I think. I consider I can refuse a license to a man of good character if he has not special fitness. But you are talking now of a license to a house:—There is a question whether you can license a house at all. I am not prepared to say whether, under the statutes, a license should not, properly speaking, be granted for it; but my view has rather been that it is not necessary. I think I could shew that the proper reading of the statutes is—that a license is not required for a house independently of the individuals confined in it. I am aware of the judgment in the case of Strang *v.* Houston, &c., in which the Lord President expressed a different opinion. It was given by the way. The point did not arise in that case. I may say, that when I came to Aberdeen, I found Dr. Poole's asylum already established, and that it had not been the practice, in that county, to give a separate license for a house. I don't see that any advantage would be derived from licensing the house; a licentiate, Dr. Poole, for instance, could not remove his patients to any other house he chose. If he could, it would be essential that the building should be licensed; but the warrant, in Dr. Poole's case, for example, is for the particular house at Middlefield. You will find the words in the form are—"The necessary arrangements have been made "with ——, for placing —— in his care, in the house kept by "him at ——, in the parish of ——."

Licenses of the Poorhouses of St. Nicholas or Aberdeen, and Old Machar.

Statutory Obligation for House-Licenses.

If I saw anything objectionable in the number of attendants upon the patients, or in the quality of these attendants, I should notice it. If I saw any keeper of an asylum with more patients than he had suitable attendants for, I should require him to get more attendants; and if he did not do so, I should recall the licenses, or at least those applicable to a certain number of his patients. But there are no rules laid down that there shall be so many attendants for so many patients; this is left to the licentiate to regulate. I have never laid down any rules for the regulation of the diet in licensed houses. On inspection, I see what is done in that respect. I have been there at the time when meals were preparing, and when the patients were getting their food.

Regulations regarding Attendants and Diet.

The statutes do not require me to make any entry of my visits in a book, but practically I have done it, except at the two

Records kept in Asylums.

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poorhouses; and, with regard to them, finding the want of a book, I last summer ordered one for each of these houses. If there is nothing wrong, I merely say that I had visited and found everything right; if anything is wrong, I take a note of it for this purpose, that when I come back there again, I may be reminded to inquire more particularly into that matter. I examine all the books and lists kept in the licensed houses, and in the Royal Asylum; the lists are not exactly the statutory lists. The entries with reference to restraint, according to sec. 3, 9 Geo. IV., c. 34, are attended to; that is to say, so far as we can judge, they are attended to; because, you will observe, the Sheriff has no means of knowing that they are attended to. It is said an entry shall be made in the book, but the Sheriff has no check that every entry that ought to be made is really made; he sees the book, but he can't say whether it is properly kept. The book is there, and there are entries; but whether these are properly made is a matter which the Sheriff has not always the means of knowing.

Special Records for Poorhouses.

In regard to the poorhouses I took the following precautions: I have a copy of a letter, dated July 1850, written by my direction by the Sheriff-clerk to the inspector of the poor of the parish of St. Nicholas, in which it is said [reads]:—

SHERIFF-CLERK'S OFFICE,
ABERDEEN, 12*th July* 1850.

SIR,—With reference to the licenses which have been issued to-day for the detention of certain fatuous paupers in the poorhouse of St. Nicholas, I am directed by the Sheriff to call your attention to the Acts of Parliament for regulating the custody of lunatics—55 Geo. III., c. 69; 9 Geo. IV., c. 34; and 4 and 5 Vict., c. 60; and particularly to the provisions relative to the keeping of a register; and to require that the register to be thus kept at the poorhouse of St. Nicholas applicable to these lunatics, shall contain, in addition to the particulars specified and required by the form annexed to the statute, columns wherein shall be inserted—an account of every fit, or paroxysm of mania, or violence, which may happen in the case of any of these lunatics, or of any others who may be admitted to the said poorhouse, under the Sheriff's license, with date and duration of the same; and also an account of each time any of the said lunatics may have been subjected to restraint, and the date and duration of the same: which particulars shall be inserted in the said register from time to time, without delay, after the occurrences to which they relate.—I am, Sir, your most obedient servant, (Signed) JOHN DUNN,

Sheriff-clerk Depute of Aberdeenshire.

TO THE INSPECTOR OF THE POOR OF THE PARISH
OF ST. NICHOLAS, ABERDEEN.

On the 10th August another letter was written [reads] :— Appendix M. No. 9.

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SHERIFF-CLERK'S OFFICE,
ABERDEEN, 10*th August* 1850.

SIR,—With reference to my letter to you, dated 12th July last, ... I am directed by the Sheriff to require further that you shall communicate to the Sheriff-clerk a copy of every entry in the said additional columns, immediately after its being made.

I am, Sir, your most obedient servant,

(Signed) JOHN DUNN.

TO THE INSPECTOR OF THE POOR OF THE PARISH OF ST. NICHOLAS, ABERDEEN.

There were further instructions afterwards, which I am unable at present to specify. That is beyond what the statute requires. This is a page of one of the poorhouse registers, which shows in columns the particulars that have to be stated :—

Register of Harmless Lunatics and Fatuous Paupers confined, under Warrants from the Sheriff, in the Poor's House of Saint Nicholas or City Parish, Aberdeen, situated in Nelson Street, and under the Management of the House Committee of the Parochial Board of said Parish.

1. No.
2. Names and Designations of Individuals Confined.
3. Date of Reception.
4. Date of Sheriff's Warrant.
5. At whose instance Confined, and on whose Medical Certificate.
6. Whether supposed Curable or Incurable.
7. Date of Removal or Discharge.
8. By whose Authority Removed or Discharged.
9. Date of Death.
10. Disease or Cause of Death, and Duration of Disorder.
11. Name of Medical Practitioner who was first called to give special attendance, and how often he afterwards visited Deceased.
12. Place of Burial.
13. Occurrence of any Fit, or Paroxysm of Mania or Violence, and Nature thereof.
14. Date thereof.
15. Duration thereof.
16. When, and by whose Direction, put under Restraint.
17. Date thereof.
18. Duration thereof.
19. Remarks.

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A great many entries have in consequence been reported; and with regard to the whole management of the poorhouses under these regulations as to the lunatics, I would say that I have met with every facility. They are always anxious to do whatever I suggest; and many persons have been removed from the poorhouse in consequence of some change in the character of their disease. When intimation of such a change is made, it is very often accompanied by an opinion on the part of the medical man of the establishment, that the patient had better be removed to the Royal Asylum, in which case he is removed. If they don't express that opinion, I frequently direct a medical man of my own to visit and report; and on his report I let the patient remain, or desire the inspector to send him to the Royal Asylum. There is an annual renewal of licenses to houses. Perhaps the Sheriff has power to recall a license, and set a person in confinement at liberty, without the certificate or advice of a medical man. Bnt no sane Sheriff would do so, where the question is, whether the person is, or is not, a lunatic. I am aware of the 5th section of 9 Geo. IV., c. 34; but that section does not apply to licensed houses. And with regard to the 13th and 14th sections of 55 Geo. III., c. 69 (which, it will be observed by the way, give no power to Sheriffs-Substitute), I am not sure that there is any provision in that Act for Sheriffs (with the exception perhaps of the Sheriffs of Edinburgh and Lanark) employing "inspectors," except within two months after the passing of the Act.

Charge for Licenses.

The charge for a license used to be £2, 2s., but 10s. 6d. is now charged. When the poorhouses were licensed, it was suggested by the secretary of the Board of Supervision that the license, duty should be reduced; but the expenditure having been annually greater than the receipts, it was impossible then to reduce it, and we took the whole amount the statute allows. The revenue is now beginning to exceed the expenditure; and I am now considering as to a reduction of the amount of charge. If the revenue exceeds the expenditure we have the power to reduce the charge.

Procedure on the Death of Patients.

The deaths of all lunatics occurring in licensed madhouses, and the deaths of lunatics kept under 9 Geo. IV., c. 34, § 8, are reported to the Sheriff. So are deaths ocurring in the Royal Asylum. A report of deaths in the Asylum may not be necessary under the statutes; but it is made in Aberdeenshire. The reason of its being done is this—that, should any death take place in the Asylum, under particular circumstances, calling for investigation by the procurator-fiscal, no time may be lost in having that investigation made. These reports from the Royal Asylum commenced some years ago, about 1842, I think, when a suicide having been committed in the Asylum an inquiry was necessary; and, in consequence of that case, the Sheriff directed

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that all deaths in the Asylum should thereafter be reported to the procurator-fiscal. The deaths in the licensed houses, &c., are reported to the Sheriff-clerk. They are reported the very day the death happens. There is a record kept of them, but I do not inquire further into them, except in special cases. At the poorhouses there is a particular form of returning these deaths, stating the disease, &c. I am unable, at present, to state the form used at Dr. Poole's; but I have no doubt it is similar. In the case of the poorhouses everything is stated. I do not consider myself more the guardian of the lunatics in the poorhouses than in any other licensed madhouse, but I take more interest in them, from the reception of a limited and peculiar class of patients into these poorhouses being a recent experiment, and being anxious to see how the system works.

Removal of Patients to other Counties.

The inspectors of the poor cannot place a pauper lunatic in any asylum in my county without my authority, but they may remove him to other counties, for confinement there, without making any application to me; a man might be taken from Aberdeen to Musselburgh without my knowing anything about it. Before pauper lunatics sent from other counties can be admitted into an asylum in the county of Aberdeen, they would require the license of the Sheriff of the county of Aberdeen, but they might be brought into the county without the authority of the Sheriff. Suppose an inspector to remove a pauper lunatic from Aberdeen to Musselburgh, I am not aware that he would require the authority of any magistrate to transport him through the intermediate counties; I remember of no such case. If pauper lunatics were brought from other counties to Aberdeenshire, I would not require them to come under the warrant of the Sheriffs of these counties; it would be quite enough to bring them with the medical man's certificate. I would not inquire where they came from, unless there was some peculiar circumstance stated.

Nature of Accommodation, with reference to Amount of Payment.

I do not receive many complaints from lunatics that they wish matters inquired into. On my visit to the asylums, I do not inquire into the accommodation of private patients with reference to the amount of payment. Officially, I do not know the amount of payment.

Confinement of Sane Persons.

I don't recollect any case where I was asked to grant warrant for the admission of persons into asylums who proved not to be insane. There was an application made to me, lately, for the confinement of a person in the Royal Asylum, which I refused as it stood, and ordered them to bring different certificates. What the result of that case was I don't know, but as it stood it was an unsatisfactory case. The medical certificates were not sufficient, although there were, I think, two in that case; they did not shew that the person was fit for confinement.

Houses for Single Patients.

With reference to houses for single patients, under the statute

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9 Geo. IV., c. 34, there was a considerable number of these previous to the admission of the pauper lunatics into the poorhouse under the new system. This has made a great difference, and one of my objects was to get them out of these houses.

Single Patients not reported to Sheriff.

When such houses were occupied by single pauper lunatics, I am inclined to think there were some cases that were not reported to me. Such private returns were certainly made, but I am inclined to think there must have been many in regard to which no returns were made. The Sheriff has no means of ascertaining that fact. The returns are all preserved. They must be preserved, and be open to the inspection of the Secretary of State. I never visited these houses. I believe there are now not more than three or four returns from such houses. Those which I allude to, where the pauper lunatics were confined previous to the institution of the poorhouse-asylums, existed for a short time only after I came there. In the cases where private returns are made, I believe the patients are visited according to the requirements of the Act, at the beginning of every year, by two medical men, and their state reported upon. For anything that I know to the contrary, a great many pauper lunatics who have not been reported, may be kept singly in houses in the county.

Power of Sheriff to visit Reported Houses.

It is a question, I think, if I have the power to visit these reported houses or to control their administration. I would observe, in regard to that, it is a question whether a license is or is not required here. By the 55 Geo. III., c. 69, sec. 18, it is provided that nothing in the Act shall extend to any houses where only one furious or fatuous person is confined, unless he is confined for fee or reward. Under that clause, I should say a license is required, if the party is boarded. But the difficulty is under the 8th clause of the 9 Geo. IV., c. 34, which says that no person shall receive into his exclusive care and maintenance, except he be a relative, any one insane person, without first having an order and certificate signed by physicians, the same as in a licensed house. That raises the distinction between licensed houses and houses receiving only one patient. In the latter case the order and certificate only seem to be required. That is one of the confusions in the acts; but licenses have never been taken out for these in my county. I never visited or exercised any control over them, and it would be impossible for the Sheriff to do so, if they were numerous, and in all parts of the county. I don't recollect of any person having been punished by the penalty of £50, under that statute.

Procedure with Regard to Dangerous Lunatics.

Dangerous lunatics are committed on the application of the procurator-fiscal; a private informer may give information, on which the procurator-fiscal may proceed. I am not prepared to say that a private party might take proceedings. I cannot tell exactly why the returns you have received from Aberdeenshire shew extremely few committals of dangerous lunatics. What is

done is this,—when the procurator-fiscal has information of a dangerous lunatic, he makes inquiry after the friends of such person, and communicates with them; and if it is the case of a pauper, he communicates with the inspector. And the result has been that the lunatic has generally been removed by his friends, or by the inspector, to a lunatic asylum. If the fiscal's communication were not immediately attended to, he would himself proceed under the statute. But, in practice, he has never, I believe, found it necessary to do this. And this is owing, I believe, to the high character and discretion of the procurator-fiscal. I should say it is not necessary to wait in the cases of dangerous lunatics till some overt act of violence is committed. In the first instance, I should say, these cases are not committed to prison, although that is, perhaps, the only legal place for them; but I do not recollect of a dangerous lunatic being committed to prison; they might be put into an asylum for interim confinement. There is no provision for notice being given to the Sheriff before a dangerous lunatic, a person committed as such, is released.

Voluntary Patients.

A man, not insane, might present himself, say at Dr. Poole's, and request to be taken in without any warrant. I don't see what means I could have of knowing or preventing that; but it would be irregular, and liable to very great abuse. I do not know that, in every case, sane and insane persons being received by the keeper of a licensed house would be objectionable. That would depend upon the accommodation; it might be useful, in fact, in some cases.

Responsibility of Sheriff and Board of Supervision, as to treatment of Patients in Poorhouses.

I consider both myself and the Board of Supervision responsible for the treatment of lunatics in the poorhouse. I don't think the Sheriff's license to admit a man there, relieves the Board of Supervision of their duty to see that he is properly attended to.

Suggestions as to Remedy of Defects in the Law of Lunacy.

I have not turned my attention much to the remedy of defects in the law of lunacy. I think the present system is defective certainly. I think, in regard to the application, it would be well if there was some provision that the warrant should be put in force within a certain time. No doubt the Sheriff has the power of making the warrant applicable to a limited period, and perhaps that is a sufficient remedy of itself. Then I think it would be advisable that before a person confined as a dangerous lunatic is liberated, notice should be sent to the Sheriff of his intended liberation. It would require a large machinery if it were necessary that in the case of public asylums containing 200 or 300 patients, intimation should be made to the Sheriff, in every instance, before liberation took place. This would necessitate his going there personally, which I think would be impossible; or the appointment of some other party to examine the patient, and see that the opinion of the medical man of the institution was cor-

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rect, and that he ought to be liberated. That would require some expense and some machinery. It would detain the patient unless it were done instantly, and it could not be done instantly by the Sheriff. He would, of course, always require a medical man with him, because that would be a matter in which a medical man's opinion would be more required than in any other. The Sheriff-clerk does not get returns of deaths from the Royal Asylum; they go to the procurator-fiscal, as I have already stated.

Removal of Patients to other Counties.

With reference to the removal of unrecovered patients to other counties, where they might be placed in inferior houses, and where they might be badly treated, I would say the remedy lies with the Sheriff of the county to which the lunatics are taken, who should not allow them to be put in a house where they were to be starved or otherwise ill-treated. If there was no improper house in Scotland to which they could be removed, there could be no difficulty.

Functions of Sheriff, and Practical Working of present System.

In any large machinery of the kind to which I have been referring, such an amount of work would be thrown on the Sheriff, that it would be impossible for him to discharge it. He has no means of knowing what the asylums in any other county may be, and if he did know at one time, they might be altered in a week. It is quite impossible that the Sheriff can give that ample visitation to these houses which is necessary. I don't say that he is not the proper party to be applied to for a warrant, or to control or assist any person or any machinery which might be employed in this matter; but any duty required of the Sheriffs, which would go much beyond their present work, will be ill discharged. I don't see any objection to the Sheriffs having a sort of control and direction. If the control was given to a General Board, I should say the Sheriff was no more necessary, except in a very limited degree indeed, than he is in the case of the management of the poor at present. He has no control over parochial boards, and I don't see why he should have any control over asylums, if there was any Board, like the Board of Supervision, to control them. But he might be used by them in applying for warrants; because wherever any judicial or magisterial duty is absolutely required to work a matter out, I think the Sheriff is the proper man to apply to, and the only one we have. I do not think the present system of visitation is at all sufficient as a check to abuses. That is very much owing to the necessary paucity of the visits; but I don't think the Sheriff is a man competent to the inspection; he has not the qualifications; he ought to have some medical knowledge. No doubt he is entitled to take a medical man with him, but then he relies on the head of another man.

Lunatics resident with Relatives or Strangers.

The greatest deficiency that I have found is in the absence of machinery by which you can find out when lunatics are impro-

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perly kept by their relatives in their own houses, or in those of strangers. Cases have actually occurred where lunatics have been kept, (not from cruelty, or a desire to injure them, but on the contrary from an unwillingness to part with them,) in the houses of their relatives—father or brother—and kept in a manner which, perhaps, was necessary to preserve them from injuring themselves or others, but in a manner which just bordered upon criminal maltreatment. I have known one or two of these cases; but the great difficulty is in discovering where they are; I believe there is a number of them. Our common-law powers, in regard to such cases, I should think amount to no more than this, that if the treatment is such as to amount to a crime, then of course you would interfere, as you would in the commission of any other offence. But when it does not amount to that, although it may come close to it, you have no power whatever. I know the case of a man who was confined by his brother, a person in good circumstances, in an outhouse, chained by the arm to a heavy chair, fastened to the wall. He was kindly treated as to food and clothes, although he would not allow these to remain on him; but he suffered from the heavy chains; and his malady was aggravated by this treatment. He had been in that condition for years, when he was accidentally discovered. Immediately on hearing of it, I ordered a medical man to visit and report; and as it seemed that the case amounted to something like crime, I sent the fiscal, and he made a fuller report. On the whole, however, I was of opinion that no crime had been committed. And, indeed, the man had been kept there really from love, and out of a desire to keep him beside his friends. He was sent to a lunatic asylum. That case occurred in 1849. He had been kept in the condition I have described for several years. I don't think there are many wandering lunatics in the county of Aberdeen. The man I have spoken of improved extremely in the asylum, and, I believe, he recovered. A case of the same sort occurred the other day, which I have not heard the result of; it was a private case also.

Special Case.

Supervision of Poorhouses and Licensed Houses.

In regard to the matter of poorhouses, I would say from what I have seen, that they require a great deal of superintendence. The poorhouses in Aberdeen are licensed for a very limited class of patients—those only who are perfectly harmless, not subject to any paroxysms of mania, and who, from their hopeless state, would not derive any benefit from confinement in a regular asylum. I would not have licensed these houses for all kinds of lunatics. A small change in the condition of these paupers, therefore, may take them out of the class for which the license is given; and a constant superintendence is thus required. The parochial boards have most readily done everything that I have desired; but such establishments would require constant

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supervision. Licensed houses are much in the same position as poorhouses; both would require a great deal of care and attention.

Saturday, 17th November 1855.

William Stuart Walker, Esq 17th Nov. 1855.

10. WILLIAM STUART WALKER, Esq.—Sworn and Examined.

Powers of Board of Supervision with Reference to Lunatics.

Duty of Inspector of the Poor.

I am Secretary to the Board of Supervision for the Relief of the Poor in Scotland, and have held that office since the summer of 1852. The Board have been in existence since 1845. They have no supervision as to lunatics except as to those who require parochial relief—or rather as to those who are chargeable as paupers. It is the parochial inspector's duty to report to the Board the case of every lunatic who becomes chargeable; beyond such cases, the Board have no jurisdiction.

Insane Poor not in Receipt of Parochial Relief.

I have reason to believe that there are insane people among the poorer classes who are not in the receipt of parochial relief; I don't know that officially, but I believe it is a fact. I have no reason to know that the number of such insane persons is greater in the northern districts than in other districts; but I think the fact arises from the natural disinclination of relatives to come forward and ask relief, when the result may probably be the separation of the insane person from his relatives. In the case of lunatics, however, persons are frequently compelled to ask relief, where, if it were not for the lunacy, (say of a wife or child) they would not be so compelled; the burden is so much heavier on a poor person, that he is under the necessity of asking assistance. I think it would be very proper that the law should afford some machinery for making inquiry into the condition of such persons; it is possible that if this were done, cases might be prevented from becoming chronic, which would otherwise become so. I have no doubt it would also prevent an evil which, there is reason to suppose, exists to some extent—that of lunatics being at large and having illegitimate children. I should mention that I have had no official opportunity of knowing anything with regard to lunatics who are not chargeable, and who consequently do not come under the superintendence of the Board of Supervision.

Duty of Inspector of Poor in ascertaining State of Lunatics.

It is not the duty of the Inspector of the Poor to interfere in any case until the situation of a lunatic is brought to his knowledge. There are cases in which the police give information to the inspector, and in others it is given by neighbours. The application of course never comes from the lunatic himself. He rarely applies for relief of any kind. The application commonly comes from the relatives, from the neighbours, or from the police. It is then the inspector's duty to ascertain whether the person is a proper object of parochial relief; that is to say, whether he has

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not the means of maintaining himself; and then, if there is an allegation of insanity, it is his duty to obtain a medical certificate on that point.

Statutory Obligations on Parochial Boards with Regard to Lunatics.

Parochial boards are required by the Poor-Law Amendment Act to place every lunatic pauper in an asylum, within 14 days after he is declared or known to be insane or fatuous, unless they obtain the consent of the Board of Supervision to that step being dispensed with. The inspector of the poor having been informed that a person alleged to be insane is in need of parochial relief, it becomes his duty immediately to inquire into the circumstances. He must satisfy himself, to the best of his ability, whether the person has no means, or only insufficient means of his own—*i.e.*, whether he is a proper object of parochial relief; and whether there is any question as to his sanity. In regard to the latter point he takes a medical certificate. It then becomes his duty, on his own responsibility, to make immediate arrangements. If the medical certificate states that the person is insane or fatuous, he must at once report the case to the Board of Supervision. In addition to that, it is his duty, after having given interim relief, to report the case to his parochial board. The date at which this is done varies. Small parishes have not frequent meetings; but the larger parishes have frequent meetings; or there may be a committee with the powers of the board. The inspector has power to grant relief till the next meeting of the board. The case is then taken out of the inspector's hands, and the parochial board fixes the allowance. The responsibility in the intermediate period lies by statute on the inspector. He is required to report every case of a lunatic pauper to the Board of Supervision at once. As to sending the lunatic to the asylum, there is a period of 14 days mentioned in the Act, but I have no doubt that in point of fact that period is not invariably adhered to. I mean that the lunatic is frequently removed to the asylum at once, without reference to the permitted interval of 14 days; at other times the statutory period is probably exceeded.

Duties of Parochial Medical Officers.

The medical officer is in reality called in for the purpose of instructing the inspector as to the steps he shall take. If he reports that the person should be sent to an asylum, steps are immediately taken to carry the removal into effect. Some parishes have no salaried medical officer, and they employ a practitioner in the neighbourhood when such cases occur. But a large number of the parishes now have salaried medical officers. The medical officer of the parish has no responsibility as to reporting lunatics, except that he must furnish for the use of the Board of Supervision his certificate in each case of a lunatic pauper.

Check on Inspector for not reporting Cases.

The only check on the inspector's not reporting a case to the Board of Supervision is that arising from his liability to be dismissed for neglect of duty. There is no statutory penalty.

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Insane Paupers classed as ordinary Paupers.

I think it possible that there may be cases of insane paupers who are receiving relief as sane paupers. A large number of persons chargeable as insane paupers are persons of various degrees of partial weakness of intellect; and there must be cases in which differences of opinion might exist as to whether the pauper should be classed as an insane person or not. I think mistakes may occur in consequence. Relief in such cases would be given on the ground that the pauper was not able-bodied, that he was not able to maintain himself, while mental debility might be combined with bodily debility.

Question.—Have you any reason to think that there are cases in receipt of parochial relief which ought to be in asylums, but which are retained at home as sane paupers?

Limited Asylum Accommodation for Lunatics.

Answer.—I should observe that the Board of Supervision have been unable fully to exercise their discretion in the matter of lunatic paupers, in consequence of the very limited accommodation for lunatic paupers in Scotland. In 1845, when the Poor-Law Amendment Act was passed, and the Board of Supervision constituted, the Board took means to ascertain the extent of vacant accommodation for paupers in asylums, and I think it amounted to 82 in public asylums, and 52 in private licensed houses—a total vacant accommodation at that time of 134. A tthe same period, there were reported by the parishes 1621 lunatic paupers not in asylums. There may be some cases of lunatics receiving relief as ordinary sane paupers. I do not know of any such case at present existing, because the moment any such alleged case comes to the knowledge of the Board, inquiry is made, and it is placed upon a proper footing. It does occasionally happen, when the Board are called on to examine a complaint of inadequate relief by a pauper not supposed to be insane, that in the course of the inquiry a question arises as to the sanity of the pauper; and the Board follow that out immediately by calling for a medical certificate as to the state of his mind. But I should say, with regard to this, that so far as I have seen, my decided impression is, that the parochial boards behave honestly in the matter. *Mistakes* may arise, but I don't think they arise from any wish on the part of the parochial boards to evade their duty.

The practice is to assist parents having idiot children, who would not otherwise be entitled to parochial relief; and the courts of law have indicated an opinion which has led very much to that practice.

Choice of Asylum made by Parochial Board.

The parochial board has the power of fixing the asylum to which a lunatic shall be sent. It does not devolve it upon the inspector; but I should add that the parochial board in general has very little room for discretion in the choice of an asylum. It constantly happens, within my own knowledge, that an inspector has to write to two or three lunatic asylums before he can find room for a patient. The inspector conducts the correspondence of

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the parochial board, and he might, no doubt, have the power of sending lunatics to a particular asylum, if the board threw its power into his hands. He would also be enabled to influence the parochial board in the choice of an asylum, if that board had confidence in him; but by law the power is vested in the parochial board itself. Parochial boards are often obliged to send lunatics wherever they can find room for them; but where they can find room in more asylums than one, they have regard to neighbourhood, because the cost of removal to a distance is of course greater. It has happened that when a parochial board has asked the Board of Supervision to dispense with the removal of a lunatic, and the Board have refused, and ordered the pauper to be conveyed to an asylum, the inspector has afterwards written to me that the Board's order could not be carried out, in consequence of his being unable to hear of any asylum having room for the pauper, and I have had to send to the inspector a list of lunatic asylums, in order to assist him in finding accommodation. This has generally happened in the case of country inspectors, who had not much knowledge beyond their own districts. I am not aware that the parochial boards have regard to the species of lunacy, with the view of sending one class of persons to lunatic asylums, and another to private madhouses. No doubt they are regulated to a certain extent by the cost to the parish.

Difficulty of finding Accommodation.

Supposing a pauper to be sent to an asylum by the parochial board, and no complaint to be made, the Board of Supervision do not further interfere. The authority then is vested in the Sheriff of the county. But the fact of a pauper being sent to an asylum is reported to the Board of Supervision by the inspector. He returns the name of the pauper, the name of the asylum, the date when the pauper became chargeable, the date of the intimation to the Board of Supervision, and the date at which the pauper is placed in the asylum. That procedure refers to public asylums and licensed private madhouses, and also to licensed wards in poorhouses. This return is sent by the inspector, when a pauper for the first time becomes chargeable as a lunatic, and is sent at once by the parochial board to an asylum. It is also sent when the same step takes place on the intervention of the Board of Supervision. It is the duty of the inspector to make that return at once, and seldom does more delay than a day or two occur. I don't think the Board of Supervision have ever been called on to interfere, in consequence of a parochial board refusing or delaying to send a lunatic to an asylum; but, under the statute, they have the power to effect the removal at the cost of the parochial board. It is always found that when the opinion of the Board of Supervision is intimated on this subject, the parochial board yields to it. I am confident there never has been a case of refusal.

Degree of Supervision exercised by Board of Supervision.

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Removal of Pauper Lunatics beyond their own County.

With regard to removing lunatics from one county to another, my impression is, that, as regards requiring a warrant from the Sheriff of the county from which the removal takes place, the practice is different in different parts of the country. I could scarcely state, from official knowledge, the different kinds of practice pursued in this respect, because, when an order is given, the power of the Board of Supervision ceases, except to see that it is carried into effect. The legal steps are not matters in which the Board interfere. But I believe that in some counties the warrant is given by the Sheriff of the county where the pauper resides, in others by the Sheriff of the county to which the pauper is to be removed; and, I believe, some difficulty exists as to the indorsation of these warrants, in reference to the jurisdiction of the Sheriff. I am not aware that it is the practice for inspectors to remove lunatics without any warrant from the Sheriff of the county out of which they are to be taken; but I have no means of knowing this. I am not aware that there are any special regulations requiring certificates of the health of the patient, or of his fitness to be removed, before he is transmitted to another county. That would naturally be a matter for the Sheriff to take cognisance of, before granting a warrant. If no warrant is got, the medical officer of the parochial board, who advises the removal, would be responsible for the propriety of the removal. There is no specific regulation on the subject. Our regulations, and the requirements of the statute with regard to removals, are not specially in reference to lunatics; there are general regulations which include lunatics. [Reads 22d rule of Board of Supervision, relating to the duties of inspectors of poor:—"In "all cases where a poor person is removable from one parish to "another in Scotland, if the poor person himself is, or alleges that "he, or any member of his family, is, from sickness or infirmity, in-"capable of being removed, the inspector shall not remove him "without having previously obtained a medical certificate, stating "that such poor person and his family may be removed to the "parish to which he belongs, without prejudice to his or their "health."] That rule would include lunatics removed from one county to another.

Removal of Patients to distant Asylums.

Question.—Before a lunatic is removed to another county, is the arrangement made as to the asylum to which he is to be taken, or is there a sort of fishing warrant given?

Answer.—I think that one of the causes of the delay which, as I stated before, frequently extends somewhat beyond the statutory 14 days, is, that when a person becomes chargeable as a lunatic, and it is quite clear that he ought to go to an asylum, inquiries, occupying a considerable length of time, have to be made before that step can be taken. Inspectors in distant parts of the country have to write to one lunatic asylum after another, before they can find accommodation. During these inquiries the inspector has to

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take such precautions as he can for the safety of the lunatic, under the advice of the medical officer; if the patient is violent he has to get people to guard him. He can't be received into an asylum or licensed house without the warrant of the Sheriff of the county in which such house is situated. The Sheriff is directed to prefer the public asylums to the private licensed houses.

Question.—Suppose he is taken into a county where there is no public asylum, but a private house, do you think the Sheriff is entitled to refuse to put him in that house, he having no alternative of selecting an asylum?

Answer.—I am scarcely able to form an opinion of what the Sheriff's views of his duty would be; but the Sheriff must necessarily act under the same compulsion as the Board of Supervision, —viz., the difficulty of finding accommodation. That difficulty meets us everywhere, in every part of Scotland. Paupers are sent from the most distant places to the larger asylums. I have no information as to their having been removed from large public asylums, where there was plenty of room, to smaller ones at a distance. That is out of the jurisdiction of the Board of Supervision. We get notice of the removal in this way, that we get a half-yearly return as to every pauper lunatic in Scotland, from the inspectors; and in that return the asylum, or private licensed house, in which they are accommodated, is named. Therefore, by searching through these returns, we could find whether such changes were frequent. But we have not made any such inquiry, because it is not a matter in which the Board have any power to interfere. The private houses are licensed by the Sheriff, and the law permits the parochial boards to send their lunatic patients there; and we are bound to hold that these are sufficient houses for the purpose, seeing that they are under the sanction of the law and the visiting powers of the Sheriff.

Difficulty of finding Accommodation.

Removal of Patients from one Asylum to another.

Notice of Removal to Board of Supervision.

The Board of Supervision have never had before them information as to patients being removed from a public asylum in one county, to a licensed house in a distant county, and therefore I cannot say what they would do on such information—whether they would make any inquiry as to the reasons for removal, or not. I have no doubt that such removals do sometimes take place; and I may say that I know the Board of Supervision prefer the public asylums to the private houses. In one of their reports, the Board expressed an opinion, that, in the case of paupers more especially, the safeguard of public asylums is necessary. Their relatives are not wealthy enough, or in other respects able, to go and look after them, and the tendency to make money out of them, and to keep them as cheaply as possible, is greater with the proprietors of private asylums than in public asylums.

Removal of Patients from Public Asylums to Licensed Houses.

As soon as insane paupers are placed, under the Sheriff's warrant, in a licensed house or in a public asylum, the Board of Supervision cease to have any control over them. The Board

Powers of Sheriffs and Board of Supervision, with Reference to Insane Paupers.

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Blending of Jurisdiction of Board of Supervision and Sheriffs.

could probably prevent pauper lunatics from being placed in licensed wards in poorhouses. I should explain that this matter has been the subject of consideration by the Board of Supervision. The jurisdiction of the Board of Supervision and of the Sheriff almost overlap each other at this point, and the Board are very anxious to give effect to every wish of the Sheriff, with regard to the propriety or impropriety of lunatics being confined in such places. They would therefore use their powers to compel a parochial board to improve any lunatic ward, with which the Sheriff might express himself dissatisfied. But, independently of this, it is for the Sheriff to refuse his license to such a ward, and then no lunatic could be placed in it.

Jurisdiction of Board of Supervision over Poorhouses.

The Board of Supervision have a right to inspect all poorhouses, but not specially with regard to the lunatic department. Suppose a certain number of patients, under violent mania, were removed from a lunatic asylum to one of the lunatic wards of a poorhouse, that fact would be intimated to the Board of Supervision in the half-yearly return of which I have spoken. I think the inspector, in the strict discharge of his duty, might, and probably would, send us a report of it at the time. But, as it is not a matter in which the Board can directly interfere, such cases very often stand over, in practice, till the half-yearly return.

Question.—Then, in point of fact, such an abuse as that might go on for six months without your knowing anything about it?

Answer.—Yes: but it should not do so if it were an abuse.

Question.—But it might, so far as the regulations are concerned?

Answer.—I am not prepared to say that it would be an abuse. There might be good reasons for the transfer. I think one would require to investigate the circumstances of each case, before he could assert that it was an abuse. I have no reason to know—no reason to believe—that the lunatic departments of poorhouses are ill conducted.

Removal of Patients from Public Asylums to Licensed Houses.

Supposing patients were removed from a well-conducted house with good accommodation, and near the residence of the patients, to a licensed house of an inferior description, not so well conducted, and at a greater distance from their friends, I should consider that an improper exercise of statutory power. Abuse is a strong term, I think, when applied to the exercise of a discretionary power, vested in a public body by statute. I should say most certainly that my conviction is that parochial boards generally—and, in fact, I do not desire to make any exceptions—are desirous of doing their duty; and if they believed that pauper lunatics were to be removed from a well-regulated public asylum, to a badly conducted private house, I don't think they would sanction the proposed transfer, simply to save a few pounds a year. I don't suppose that they perform their duties perfectly, but I do think that they perform them honestly and fairly. They are

clearly bound not to incur any unnecessary expense. That is one portion of their duty. Appendix M. No. 10.

The Board of Supervision have a visiting officer whose duty it is, when called on, to inspect any particular poorhouse; and he makes regular circuits of visits periodically through the parishes. He visits every part of the establishment, including the lunatic wards. William Stuart Walker, Esq. 17th Nov. 1855. Visiting Officer of Board of Supervision.

I am not aware of several patients having been in the course of last winter brought from the Royal Asylum at Perth and lodged in a private licensed house in Musselburgh. If such a removal took place it must have been in the returns, but they are very voluminous, and my attention was not called to such a circumstance. We act on the assumption that the Sheriff does his duty in not putting lunatics into an improper house. But it is possible that these persons may have been removed from a good asylum to a very bad one, without the Board of Supervision knowing anything about it. I apprehend that lunatic paupers do not remain under the charge of the parochial authorities when removed to an asylum—they are under the charge of the Sheriff. Removal of Patients from Perth Asylum to Musselburgh.

It will depend on the rules of the establishment, whether the inspector has a right to visit them. I know that in some cases the inspectors do occasionally visit their pauper patients in asylums. By the statute they are not called on to visit any pauper who is more than 5 miles distant from the parish of settlement. The inspectors are not called on to report their visits to asylums to anybody except the parochial board. These visits are undertaken, I presume, for the purpose of satisfying the parochial board that their money is properly expended. The inspectors are not bound to make any report of them, either to their parochial board or to the Board of Supervision, unless desired specially to do so; and they are not bound to visit at all, as I have said, beyond 5 miles out of the parish. But it does not therefore follow that pauper patients in asylums would never be reported to their own parish, if once removed to a distance; because the inspector has to pay for their maintenance, and must therefore ascertain that they are still in the asylum; and he has also to make a half-yearly return to the Board of Supervision. He could obtain this information without going to the asylum. If the inspector of Perth had 20 patients at Musselburgh, he could ascertain, otherwise than by the report of the proprietor of the Musselburgh house, how they were: he could visit them. That is not required under the statute, but the parochial board may require him to visit in order to satisfy them. Visits to Asylums by Inspectors of Poor.

When once a pauper lunatic is placed in a lunatic asylum, the Board of Supervision have no further statutory duties to perform. By the regulations of the Board, an inspector must either live within his parish, or have a sub-inspector to act for him during his absence. In some cases the same person is inspector for three or four parishes; and of course it would be impossible to reside con- Powers of Board of Supervision to order Inspectors to visit Paupers.

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stantly in each. In these cases there is a sub-inspector in each parish. The power of the Board of Supervision to order the inspector to visit his pauper is limited to those resident within 5 miles of the parish. The Board have not power to order him to visit beyond that; and I think if such a power were conferred it would be impossible to exercise it. For instance, there are lunatics belonging to the county of Sutherland, perhaps in Aberdeen poorhouse, or in the asylum at Morningside, or in private houses in different parts of the country, and the inspectors could not make visits to these distant places at such intervals as to be of any use. That would be out of the question. The check, therefore, on the condition of patients removed to a distance is, and must be, very imperfect, so far as regards visits by the inspector of the poor.

Asylum Accommodation for Western Districts.

For the western parts of Scotland the Royal Asylum in Glasgow, and the asylum at Hillend, near Greenock, are very much used.

Manner of removing Patients to Asylums.

In ordinary cases, I should suppose that the Sheriff's officer with the Sheriff's warrant accompanies patients from a distance; and the removal, I should say, is generally carried through under the direction of the medical officer. When inspectors have written to me for suggestions as to how they should perform their duty in this respect, that is always the course I have recommended, and I should think it is the course generally adopted. There is no specific provision as to females accompanying females. The parochial board has the power of removal from one asylum to another. They have power to remove as they may think fit, but the removal is reported to the Board of Supervision. By the statute, that Board have power to dispense with sending to an asylum, under special circumstances, and in particular cases. The practice in this respect has been very much regulated by what I have been compelled so often to allude to—the absolute impossibility of placing in asylums all the paupers whom it might be desirable to place there. The Board of Supervision, when first constituted, made the inquiry to which I referred, with regard to the number of paupers not in asylums, and the amount of accommodation in asylums for these paupers. And they saw that they would be compelled to exercise their discretionary power very largely. The subject was remitted to a committee of the Board, composed of Sir John M'Neill, Lord Anderson, then Solicitor General, Lord Benholme, then Sheriff of Renfrew, and Mr. Whigham, then Sheriff of Perthshire, to consider the rules which should guide the Board in the exercise of their power. And on the principles laid down in their report, the Board have always acted with reference to these cases. When they do exercise their discretionary power they have three alternatives—the paupers may either be left with their relatives, or lodged with strangers, or sent to the poorhouse. When left with their

Discretionary Power of Board of Supervision to dispense with Removal of Patients to Asylums.

Alternatives to Removal.

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relatives there can be no binding principle as to the amount of allowance, because every case must depend on its own circumstances, and the ability of the relatives to contribute partially to the lunatic's support.

Formalities observed on Application by Inspector to Board of Supervision, to dispense with Removal of Patients.

The inspector has to make a return when the parochial board asks the Board of Supervision to exercise their powers of dispensation. That return includes an answer to this question—"Amount of allowance, and whether by the week, month, quarter, or year—if the allowance is paid in kind, state its value in money." The answer to this question informs the Board of the sum which the parochial board proposes to give to the person who is to take care of the lunatic. If the Board have any reason to suppose that it is an inadequate allowance, they call upon the inspector for information on the subject, and satisfy themselves whether it is so or not, and they do not dispense with removal till they are satisfied that the allowance is sufficient. Assuming that there is no complaint, and that there is nothing in the amount itself to raise a doubt in the mind of the Board, they generally take the statement of the parochial board for granted. I should perhaps mention in regard to this power of dispensation, that the Board of Supervision have all along dealt with it very anxiously and carefully. The whole of these cases are remitted to a committee of the Board, who have the papers in each case before them, and after examining them, report to the Board at their next meeting. So that the whole cases are carefully analyzed, and if there is the smallest discrepancy or want of clearness in the inspector's report, or medical certificate which accompanies it, further inquiries are always made before the power of dispensation is exercised.

Amount of Allowances to Pauper Lunatics.

There are many cases of extremely small allowances. In those cases in which the allowance on the face of the return appears to be small, the Board of Supervision make inquiries, and ascertain on what principle the parochial board has fixed the allowance, and the answer, where it turns out satisfactory, would be such as this—"The father, or other near relative with whom the lunatic is living, is pretty well off, and all that he needs is a little supplemental aid on account of the additional burden cast upon him." In another large class of cases, the lunatic, though coming under the head of insane or fatuous paupers, is a person only to a certain extent of weak mind, and is capable of performing a considerable amount of useful work; and the lunatic's maintenance therefore is partly paid for by his own services. It may be that there is a risk of persons being tempted by a small sum—being content with a small allowance, to prevent their friends from being sent to an asylum. But the Board of Supervision, through whom the case must pass, cannot be actuated by any such motive. In each case, when a dispensation is asked, the inspector sends a return, accompanied by a certificate by the medical officer, stating whether the pauper is quiet and inoffensive,

Form of Medical Certificate to dispense with Removal.]

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whether the disorder is likely to be aggravated by remaining in his present residence, whether the accommodation provided is sufficient, and whether he is properly attended to. The form of certificate also contains a column for any other remarks applicable to the case. When it is wished to place the pauper in a poorhouse, the medical officer has also to certify whether it will be detrimental or beneficial to him, and whether he can be safely placed there. Under the answers to these inquiries the medical officer fills up and signs this certificate—"I hereby certify, on soul and conscience, that I visited on the — day of —, —— aforesaid, pauper, and that the answers written by me in the above form are, to the best of my knowledge and belief, correct and true." It is on the information contained in these documents that the Board considers the questions of dispensing with the pauper's removal to an asylum, and of placing him in a poorhouse. That is the procedure in every case where the parochial board wishes not to send a lunatic to an asylum. The inspector is also called on to state the date when the pauper became chargeable as a lunatic; and the principle on which the Board of Supervision have always acted has been to dispense with removal in no case of recent insanity—to insist, in every such case, upon the pauper being placed in an asylum, in order that it might be seen whether a cure could be effected or not. The moment a person becomes chargeable as a lunatic, the inspector has to send intimation to the Board of Supervision; the check on his neglecting to do so is a very complete one—the Board have the power of dismissing him from office. The Board have found that this power has operated as an effectual control over inspectors.

Principle on which the Board of Supervision dispenses with Removal.

Duty of Inspector to report the Occurrence of every Case of Insanity.

Proportion of recent Lunatics in Northern and Southern Counties.

I am not aware that there are many more recent lunatics in the northern and remote counties, than in the southern counties, in proportion to the population. [Return shown.] I don't think we should be warranted in assuming that this indicates neglect in sending patients to asylums, or in making correct reports. There are various causes to which it might be attributed, but I could only assign such causes upon conjecture. I have no reason to suppose that in the north cases are kept without any reference to their curability till they become unmanageable. I have occasion to know that the reluctance of the northern and north-western population to send persons with whom they are connected to asylums, is greater than in the south. They think it a hard step. There is no difference in the practice of the Board of Supervision in any part of the country. It is possible that in some portions of the north the parochial boards have somewhat different views, as to the advisability of sending lunatics to an asylum, from what the same class of people in the south have.

Evils resulting from the Necessity of sending Patients to a Distance.

No doubt the reluctance on the part of the population arises partly from the necessity of removing their friends to so great a distance; and from this further reason, that as regards the Gaelic-

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speaking counties, it must not only be a great drawback to treatment in an asylum, but a great discomfort to the patients, that there is no asylum, so far as I know, in which their own language is spoken by the attendants. The expense of sending patients to a great distance is also a serious matter to parochial boards. But as I said before, I think these bodies are desirous of doing their duty, and act honestly. The same certificate is required by the Board of Supervision in all cases, and the Board would deal with north-country parishes in precisely the same way as with southern ones. But the opinion of the parochial medical officer, and of the persons from whom he gets information, may be influenced by a different mode of thinking from that which is usual with the people who live in this part of the country. I can give no other reasons for the discrepancy existing between the northern and southern counties.

Condition of the Insane and Fatuous Poor resident with Relatives or Strangers.

The returns of the insane and fatuous poor, not in asylums and poorhouses, are carefully examined by the Board of Supervision. In general, I think the questions in the returns are satisfactorily answered. Of course a large number of medical men who are called on to give the certificates have no great experience in cases of the kind. It must be so; and a country parish has to take the medical advice which is to be found on the spot. The medical officers frequently remark on defective accommodation, and the Board of Supervision require the defects to be remedied before they grant dispensation. This refers to the condition of the house; such cases are generally those of lunatics in the lowest rank of life, whom it is proposed to place with a cottager or a labourer,— a person in the same condition of life. The question then occurs, Is the accommodation provided for the lunatic in the labourer's house sufficient? I don't recollect of any case in which it was brought out that the patients were placed in outhouses—*i.e.*, not in the house where the person taking charge of them resides. I think such a circumstance as that would most probably be remarked on by the medical officer. It ought to be, most certainly. The placing of a lunatic in an outhouse, or in any portion of a house caged off, would, of course, be an objection to the granting of dispensation. In such a case, the Board of Supervision would not for a moment allow removal to an asylum to be dispensed with. The previous question in the form of certificate, as to whether the lunatic is "quiet and inoffensive," is important; if there is any tendency to excitement, or any necessity for restraint, the Board of Supervision invariably require the patient to be placed in an asylum or a poorhouse. There is no query, in the form of certificate, as to whether the patient is placed under restraint. That circumstance, if it existed, would be brought out, I conceive, in answer to the question whether he is "quiet and inoffensive." The Board are very particular as to that point. Perhaps the question might be put

Where Restraint is necessary, Removal is never dispensed with.

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more precisely. It is sometimes carelessly answered, and the Board then return the certificate to have it filled up afresh.

As to visiting, the medical officer is under the same rules as those which apply to ordinary paupers; the rules as to medical relief point out his duty. He certifies the day on which he visits for the purpose of reporting; and he sends us a periodical certificate once a year with regard to all cases in which dispensation has been granted. There is no specific number of visits required. The inspector directs him to visit. The statute lays down no rules as to medical relief, but a parish accepting a share of the parliamentary grant comes under certain rules laid down by the Board. In those parishes which do not participate in that grant there is still of course medical visitation of lunatics; but these parishes are merely under the general requirements of the statute, that the parochial board shall afford medical relief, and do their duty efficiently. In non-participating parishes the inspector is required to visit twice a year; but in any case of alleged sickness requiring medical relief, he would be bound to visit specially, and send the medical officer. If a pauper required medical treatment between the visits of the inspector, the relatives would make application to him. If the pauper resided with a stranger, similar application would have to be made.

Visits by Parochial Surgeons to Lunatics resident with Relatives or Strangers.

Visits by Inspectors.

Last year 581 parishes participated in the parliamentary grant in aid of medical relief; that number established their claims, and came under our rules. The number is yearly increasing. About 300 parishes do not yet participate. In parishes which participate, a list is required to be prepared of all persons permanently disabled. This would include lunatics. It is given to the medical officer, and he is bound to attend all such persons on their producing a ticket furnished to them by the parochial board. He is also required to visit whenever specially called upon, and to make returns of the sick poor to the parochial board according to certain forms, either weekly or monthly as the parochial board may direct; and he makes an annual return to the Board of Supervision according to another form, and such other returns as the Board may from time to time require. Persons get on the sick list by application. These rules apply to all persons requiring medical relief, which of course a lunatic does. The medical officer of a participating parish is remunerated by a salary. The amount of salary varies. In small parishes the duties are almost nominal, and the salary is proportionately small; in others, medical relief is a very costly item in the parochial expenditure. In the reports of the Board of Supervision you will find the cost of medical relief for each parish. The parochial board appoints the medical officer. The Board of Supervision have no voice in the appointment; but in participating parishes the rules prescribe certain qualifications, and the parochial board is bound to appoint a person duly qualified. In non-participating parishes, the same qualifications are

Parliamentary Medical Relief Grant.

Duties of Medical Officers.

Remuneration of Medical Officers.

Appointment and Qualification of Medical Officers.

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required for the medical practitioners employed to attend the poor, whether they are salaried medical officers or not.

The visiting officer of the Board, in the course of his circuits, inquires, so far as he can, into the treatment of lunatics living with strangers, and if he sees anything suspicious he reports to the Board; but his inquiries are necessarily general, except in cases to which his attention has been specially called. There is only one visiting officer.* I understand that in the case of one lunatic living with relatives, the law does not require that a report should be made to the Sheriff. I don't know that in any of the cases of this class to which you are referring, it can be said that there is any "gain or reward:" the amount given by the parochial board is supposed to be simply for the purpose of maintaining the pauper—not for making any profit out of his maintenance. The Board of Supervision have not expressed any opinion on this point: it is a legal question. But I think that is the impression on which they have acted, because the circulars always in use in the cases you refer to, do not give any intimation that a private return to the Sheriff is required. Whereas, in the case of a lunatic pauper placed with a person not a relative, the circular contains an extract from the Lunatic Act, 9 Geo. IV., c. 34, (sec. 8.) I presume it is usual to report lunatics resident with strangers to the Sheriff. But that is not a matter as to which the Board of Supervision have any statutory power.

Visiting Officer of the Board of Supervision.

Report to Sheriff of Pauper Lunatics living with Relatives.

Report in Cases of Pauper Lunatics living with Strangers.

Lunatics are put into poorhouses without lunatic wards, to a considerable extent; but the Board of Supervision, in one of the forms issued to parochial boards, ask this question with respect to so placing a lunatic in the poorhouse—"Will removal to a poorhouse, in the medical officer's opinion, be beneficial or detrimental to the pauper, and can he be safely placed there?" And the classes of cases admitted to poorhouses by the Board of Supervision are those of harmless imbecile persons, where there is no chance of cure, and where it is probable that the poor people will be both happier and in a more healthy condition, by associating with sane persons, than in an asylum where they would have no companions but persons of unsound mind. It never happens, with the knowledge of the Board, that curable cases are sent to a poorhouse without lunatic wards. The cases sent there are all cases of long standing, very often of imbecility from birth, or of dotage from old age.

Pauper Lunatics in Poorhouses without separate Lunatic Wards.

In reference to poorhouses without separate wards for lunatics, I cannot say whether the Sheriff is required by law to grant a warrant and license with each of the patients admitted; but Mr. Davidson, Sheriff of Aberdeenshire, had some communication with the Board of Supervision, I think in 1849, the result of which was that he framed forms of application, certifi-

Regulations made by the Sheriff of Aberdeen.

* Two additional officers have since been appointed, under the Statute 19 and 20 Vict., c. 117.

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cates, and licenses, in which the concurrence of the Board to the lunatic's admission to the poorhouse is set forth, for all such cases, which should be brought before him; and he determined not to grant a license for the admission of any lunatic pauper to the poorhouse, until the Board of Supervision had consented to his being placed there. The Board of Supervision, on the other hand, resolved not to sanction any pauper lunatic being placed in the poorhouse, unless the Sheriff's license was obtained. There was thus a double security that the case was a proper one for the poorhouse. This mutual understanding has been acted upon in reference to Aberdeenshire ever since, and I believe it has been followed in practice in several of the other counties in Scotland. On the side of the Board of Supervision it is invariably acted on, whatever the county. If they dispense with removal, and sanction the placing of a pauper in a poorhouse, it is always on condition of the Sheriff's license being obtained. I have no official knowledge of there being any imbeciles in poorhouses without licenses. If it came to the knowledge of the Board of Supervision,—they having granted dispensation from removal to an asylum on the condition I have mentioned—if it came to their knowledge that an inspector had placed a pauper lunatic in the poorhouse, notwithstanding that he could not obtain the Sheriff's license, the Board of Supervision would unquestionably visit the offence with severity. I know of one case in which the inspector found it impossible to place lunatic paupers in the poorhouse, in consequence of the Sheriff refusing his license.

Board of Supervision requires Sheriff's License for all Lunatic Paupers in Poorhouses.

Complaints of bad Treatment of Lunatics Resident with Strangers.

The Board have not had to interfere in cases of improper usage or harsh treatment of lunatics by strangers. I recollect one such complaint, or allegation rather. It was a west-country parish—I forget the name—in which a woman who had charge of an insane pauper, also a woman, was said to have become addicted to intoxication. But the allegation or complaint came to the Board simultaneously with a proposal from the parochial board to change the residence of the lunatic on that very ground. I can hardly call that a case in which it came to our knowledge that improper treatment had taken place, requiring the interference of the Board. If improper treatment or neglect did occur, without coming to the knowledge of the Board of Supervision, the inspector would be responsible. It is possible that cases of abuse may exist.

Poorhouses with separate Wards for Lunatics.

There are several poorhouses with licensed lunatic wards; the Board of Supervision were not anxious for the introduction of that system, but they felt themselves placed in very great difficulty in consequence of the want of accommodation elsewhere. I think it is a necessity which they would have avoided if they could. The plans for these lunatic wards are submitted to the Board of Supervision in the first place; and they require to be approved and signed by the Board, under the statute, as parts of the

Approval of Plans by Board of Supervision.

poorhouse. The parochial board is charged with the execution of these plans, and when the house is completed, the Board require certificates by an architect and a medical man, to the effect that the building has been constructed in terms of the plans, and that it is fit for occupation. In approving of these plans, the Board have regard to a proper system of separation of the sexes, to the airing-yards, to ventilation, light, water, the amount of space in the dormitories, &c. I do not think there is any fixed rule as to the number of cubic feet allowed to each patient. In the case of lunatics, double beds are never allowed,—there can be no more than one person in the same bed; and the space which the Board generally require as a minimum in the dormitories is, I think, 3 feet for width of bed, and 1½ feet between each bed. In the older poorhouses, which were in existence before the statute of 1845, I believe the buildings are, in some cases, excessively defective. The Board of Supervision have no control over the accommodation in them: they have control only over houses built, altered, or enlarged, since 1845. Lunatics are kept in some of these old houses. The City parish of Edinburgh has a lunatic ward, but it has not been constructed since 1845. However defective poorhouses may be, if finished before that date, they are allowed, by statute, to remain.

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Double Beds not allowed.

Limited Control of Board of Supervision over older Workhouses.

There is no special provision as to the proportion of attendants to patients in lunatic wards; and there is no provision as to medical attendance with reference to lunatics as a separate class,—there are rules with regard to medical attendance, generally, in the poorhouse. There is daily medical attendance. There is no code of rules for the lunatic wards as separate from the rest of the poorhouse. The Board of Supervision have always looked on these as matters in which the Sheriff's jurisdiction struck in and superseded theirs. No lunatic can be put into these lunatic wards in poorhouses without the license of the Sheriff. When the parochial board has completed the building of the lunatic ward, in terms of the plans which the Board of Supervision have sanctioned, a license for the ward must be obtained from the Sheriff, and it is for him to satisfy himself that the ward is a proper place for the detention of lunatics. Under the statutes he is also entitled to draw up regulations. I do not know whether lunatics are detained in these wards without the Sheriff's warrant. Such detention would be illegal.

Attendants on Patients in Poorhouses.

Line of Demarcation between authority of Sheriff and Board of Supervision regarding Licensed Wards of Poorhouses.

I must make an exception with regard to St. Cuthbert's and the City parish here, where a question of law arose, (and I do not know that it has been settled,) as to whether these poorhouses were exempted under the Lunatic Act, 55 Geo. III., c. 69, as being previously in existence. My impression is, that warrants have now been obtained for the lunatics admitted into these poorhouses. I know that lunatics are there, and I presume they are there by the authority of the Sheriff. They are not under the jurisdiction of the Board of Supervision as lunatics in any way.

St. Cuthbert's and Edinburgh City Parish Workhouses.

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Character of Inspectors.

Treatment of Pauper Lunatics living with Relatives or Strangers.

As to single lunatics residing under the charge of strangers, it is possible that some additional checks might be imposed, but the inspector of poor is responsible for their proper treatment; and if he neglected to look after them, his conduct would meet with the severest disapproval of the Board of Supervision. I should say that the inspectors, as a body, are very intelligent and humane men. They have been and are of various occupations—some are schoolmasters; some in large parishes have no other occupation than that of inspector. With regard to the risk of ill-treatment, I think the word "farming-out" is scarcely applicable to these cases: the lunatics are boarded in the houses of persons in the same condition of life as themselves, in the immediate neighbourhood of the place where they have resided all their lives. The great bulk of the lunatics so placed are those harmless creatures that one sees going about the country, well known in the district, and often very much liked; and I should say, from what I have seen, that these cases are treated kindly. There may no doubt be a deficiency of comfort sometimes, but they are not treated with unkindness: the word "farming-out" gives an impression that they are taken charge of solely for the purpose of money being made of them. I think such an impression would be erroneous; for even in the case of persons not relatives, the allowances are but very little more than adequate to maintain the pauper. But the allowances are, I think, always sufficient: the paupers often make themselves useful to the persons with whom they reside. I have no doubt that there are cases where these poor people, long known in a district, are taken charge of solely from kindness: if this cannot be done without assistance, the parochial board gives assistance. I am not aware that the attention of the Board of Supervision has been called to the number of imbecile women that become pregnant.

Pregnancy of Imbecile Women.

Suggested Asylum in the Northern Counties.

With regard to the northern counties, I may state that about twelve months ago, on a proposition being made to erect a lunatic ward in connexion with a contemplated poorhouse for the Black Isle in Ross-shire, the Board of Supervision took the opportunity to suggest to the parochial authorities the expediency of erecting in Inverness one central lunatic asylum for the northern counties, rather than separate lunatic wards attached to poorhouses. The parishes had some communication on the subject with each other, but the suggestion was not carried into effect. I believe the object the Board of Supervision had in view was to obtain one large well-regulated establishment in the north, where the attendants would belong to the Gaelic-speaking population. I may also mention a circumstance which occurred with regard to one of the Sutherland parishes: a lunatic in whose case application had been made to dispense with removal, was ordered by the Board of Supervision to be conveyed to an asylum. During the period occupied in inquiries by the parochial board

Consequences resulting from Distance from Asylum.

as to an asylum in which the pauper could be accommodated, his physical condition altogether changed, and the Board's order had to be altered. Owing to the distance of these parishes from the nearest asylum, and the scarcity of accommodation in them all, the parochial boards are not in a condition at once to despatch a lunatic to an asylum, even when they themselves think it requisite.

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11. Mr. George Greig, Inspector of Poor for the Parish of St. Cuthbert's, Edinburgh.—Sworn and Examined.

Mr. George Greig. 17th Nov. 1855.

My appointment is made by the parochial board; it is not confirmed by the Board of Supervision, but only that Board can dismiss me. My duties, as to pauper lunatics, are to report all cases to the Board of Supervision, and to remove them to an asylum within 14 days, or obtain the authority of the Board for allowing them to remain with their friends. There is no penalty for not reporting. I always report a case immediately on removing it to an asylum, or on confining the party. I am informed of lunatic cases in the parish by the friends applying. I visit them immediately, with two medical officers: on their examining and declaring the party a lunatic, I immediately take steps to have him removed to a lunatic asylum; and we get the Sheriff's warrant for that purpose, even at 10 o'clock at night, or later. The medical officers are those of the parish, appointed by the parochial board, and liable to be dismissed by it at any time. Our lunatics were all in Morningside Asylum till recently. We had in the poorhouse a number of persons who were imbecile—who were unable to support themselves, but were not dangerous to themselves or others. The other lunatics were at Morningside.

By whom Appointed.

Duties as Inspector.

Reporting of Cases to Board of Supervision.

Removal of Patients to Asylums.

Fatuous Inmates of Poorhouse.

The medical officers draw the distinction between the two classes of cases. We have now obtained a license for a part of the poorhouse as a lunatic ward, and we are keeping lunatics there. It rests with the medical officers to say whether they shall be kept there or sent to Morningside. We resolved to keep in the poorhouse only such as are incurable and harmless. When a new case occurs, it is sent to Morningside if there is a chance of recovery, even although it should be a quiet case; because we think it is better to send such a case there as giving the patient the best chance of recovery, and on that ground advisable as a matter of economy. It was on the 31st August that I got the first license for the lunatic ward of the poorhouse. The Sheriff had previously visited and approved of it. The number of persons that might be received was fixed at 118, I believe. Measurements were taken. Along with the application, we laid before him a plan with a scale of measurements. Supposing the wards were full, I find that the measurement gives, by approximation, 467 cubic feet to each patient. There are 30 patients in one

Distinction between Cases sent to Royal Asylum, and those retained in Poorhouse.

Disposal of Recent Cases.

Licensing of Lunatic Wards of Poorhouse.

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dormitory: I have at present under warrant 29 males and 24 females.

Removal of Cases from Royal Asylum.

Old chronic cases were removed from Morningside. The medical officers of the parish decided on the cases to be removed, and they had the assistance of Dr. Skae, or his assistants. Dr. Skae's approval was not asked before they were removed. About 70 cases were left at Morningside. Our object in removing them was economy. They were reported to the Board of Supervision on their removal.

Difference in Cost of Maintenance of Patients in Asylum and Poorhouse.

We have not yet ascertained by trial the difference of expense between keeping them at Morningside and in the poorhouse; but we expect to save £8 or £10 annually per patient. The rate of maintenance at Morningside is £22, and we expect to keep them for £14. In making our calculations, we put down the same sum for provisions as was done in the printed accounts of the asylum two or three years ago.

Additional Diet given to Lunatic Paupers.

To the lunatics in the wards, we allow 6½ oz. of bread per day, over and above the amount given to other paupers. There is no other addition unless in sickness. I cannot exactly say what items we expect to make a saving on. The only expenses we have are the provisions, wages of keepers, and the rent of the house. The Morningside people in making up their rate put down a large percentage for buildings, &c.

Nature of Cases removed from Asylum.

We removed all cases which we thought were incurable and could be managed easily. We did not take into account whether the patients would be more comfortable. Of course, we have made the wards, as we conceive, quite comfortable for them. We did not consider that incurable lunatic paupers were entitled to greater amenity than the sane paupers in the poorhouse. Dr. Skae mentioned one or two cases where the parties were very fond of the Asylum, and he thought it was not desirable to remove them. But the members of our committee who were out with me, said they did not consider they were entitled to regard the pleasure of paupers in the matter.

Poorhouse: Means of Recreation and Amusement.

As to recreation and amusement in the poorhouse, we are not so well off as we wish and intend to be. We occupy tradesmen in the various trades — shoemakers, wrights, &c. We have greater difficulty in employing those who have no trade. They are quite willing to work, and seem well satisfied. None have refused to work on account of having been removed. They have been in the very best temper.

Diet.

In regard to the diet, our medical officers have observed a marked difference between those patients who were already in the poorhouse, and those that came from Morningside. The former were in much superior condition. I don't know whether our dietary is the same as that at Morningside [hands in Poorhouse Dietary Table].

Restraint.

We have no instrumental restraint in the poorhouse asylum, except the cells for confinement. We have 3 small cells, and 2 large ones.

Land.

We have separate day-rooms. There is no land for the patients to

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work on—just the airing-ground. Those who can't work at trades are employed like the other inmates in teasing hair, oakum, &c.; but we have not got work of that sort for them yet. The day-room is not large, and there is a proposal now to make another for them. There is one airing-court for the males, and one for the females: they are each 90 feet, by 50 feet. They are on high ground immediately in front of the poorhouse buildings. They look to the backs of houses chiefly, but possess a little view, to the west, of railway ground. We have two female attendants besides the matron, and one male paid keeper, who is assisted by a pauper who gets a small remuneration. The matron has £80 a year; and the females 10s. a week each, and everything but their board. The males have 16s. a week, and everything but their board. We intend to increase the number of male attendants, but not of the females. We have accommodation for 36 male lunatics, and we have 29 in the house.

Occupations.

Airing-courts.

Attendants.

We consider the lunatic wards under the jurisdiction of the Sheriff; he has visited once since they were opened. I am not aware that the Board of Supervision take charge within the asylum; I think they are satisfied by the patients being sent to a licensed asylum; and it rests with the Sheriff and the medical officers to see that they are properly cared for. The Board of Supervision take cognizance of the unlicensed fatuous paupers. They are visited along with the others in the poorhouse. Paupers belonging to other parishes are admitted to the lunatic ward only temporarily. The other day a militia-man from Dalkeith was brought to my office in a state of insanity from drunkenness. We kept him till he got better. He belonged to the parish of Cramond; and we kept him only to accommodate the Cramond parochial board. We had a license for him. The great majority of our lunatic cases are caused by intoxicating liquors.

Functions of Sheriff and Board of Supervision.

Unlicensed Fatuous Paupers in Poorhouse.

Drunkenness.

We never receive any lunatics without a warrant. Sometimes we used to get them into Morningside late at night, on the condition that we should get a warrant in the morning. All the fatuous cases belonging to our parish are in the poorhouse or at Morningside; I don't think there are any resident with strangers. If in the last return to the Board of Supervision there are twelve named as residing with their friends, I am not aware of them; I have not been in the habit of visiting them or taking cognizance of them, if they exist. The medical officers of the parish have not reported any to me, and I am not aware of any living with their friends. It is my duty, by my sub-inspectors, to visit all the paupers in the parish twice a year, and to make returns. I made no return of persons—lunatics, residing with their friends. We look after those residing within five miles of the parish. I am speaking only from memory; I cannot say what may have been returned. If they are in the Board of Supervision Return,

Warrants.

Patients living with Relatives.

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they must have been returned by me; but I am not aware of any parties living with their friends. When the lunatics were removed from Morningside, we immediately communicated with their friends, and told them they would be at liberty to visit them in the poorhouse. We get most of their addresses—I can't say all of them. They had no opportunity of keeping their friends in Morningside, by paying the difference of expense. One woman has removed her son from the poorhouse, since he was brought from Morningside. He is in Edinburgh, but I can't say where. She came and took him away. I was not aware that an opinion had been given by the late Lord Rutherfurd and the Lord Justice-General that such a step was illegal. I was under the belief that if a relative applied to me I was bound to give the party up. Dr. Skae required my authority before giving up any pauper at Morningside, if he was dangerous.

Communication to Friends of Removal of Patients from Asylum to Poorhouse.

Illegality of Removal of a Patient from Poorhouse by a Relative.

Dr. Skae's Opinion on Removals from Royal Asylum.

Removal of a Patient to a Licensed House.

I believe Dr. Skae had an opinion against removing a number of the lunatics whom we brought from Morningside. We never removed any from Morningside to licensed houses. Recently, a girl was sent by the procurator-fiscal to Scott's at Musselburgh. She was a St. Cuthbert's pauper. I could not get our medical officer to certify that she was insane, but one day she was rather violent, and was handed over to the police. She was then certified as insane, and a warrant having been got from the Sheriff, she was sent to Musselburgh, which we thought more suitable for her than Morningside. I believe the difference of cost had nothing to do with it; they did not like her at Morningside. I believe she is sane, and that it is only when she gives way to paroxysms of violence that she is insane. I visited Scott's house before she was placed there; I have not been there since. I do not think economy had anything to do with sending her to Musselburgh. They did not like her at Morningside, and she used to be more excited there than anywhere else. She was a wicked, troublesome girl, and we thought we would try her at Musselburgh.

Obligation on Royal Asylum to receive all Cases sent by Parish.

I don't think we can oblige the Morningside people to take all our cases. We were entitled to send in a certain number at a low rate; that agreement was departed from, and we were allowed to send in as many as we pleased. I don't think we consulted the Morningside people about this girl; we learned from the matron that she was very noisy. I have not received any applications from the Musselburgh houses. I am not quite certain that I did not receive a circular from Scott, on paying an account to him. It was a statement of the rate of maintenance, and that he would be glad to receive patients. It was printed. I have not sent any except that one case to Scott's.

Circulars from Licensed Houses.

Fatuous Paupers not in Lunatic Wards.

I had all the fatuous paupers in the poorhouse examined by the medical officers, and they were of opinion that they would be better in the ordinary wards than in the lunatic department.

License Fee.

The license fee is 10s. 6d. or 5s. That has nothing to do with

no license being taken for the fatuous paupers. They were carefully examined, and only four men and four women, who were in the house formerly, were sent to the lunatic wards. Those who were mere simpletons, the medical officers did not think it necessary to place in the lunatic department; those subject to excitement at times were placed there. In reference to the girl before spoken of, Scott was bound to furnish clothing and everything required.

Reason for not consulting Dr. Skae on Removal of Patients.

One reason why we did not consult Dr. Skae, as to removing the pauper lunatics, was that some of our committee thought that as the Morningside people were making large additions to the house, he might not think it desirable to remove them. The committee would not have had confidence in his opinion, seeing that these operations were going on.

Recent Cases not always sent to Royal Asylum.

It is not a rule that in the first instance all paupers shall be sent to Morningside; I might place them all in the licensed wards. I am not aware that the Act gives a preference to public asylums; the first patient I had in the poorhouse was sent by the Sheriff himself. I might receive all the cases into the licensed wards of the poorhouse, provided I did not exceed a certain number. I might send the incurable cases to Morningside, and keep the curable ones; there is no restriction on me. If two medical officers certify that the party is insane, the Sheriff grants his warrant as a matter of course. In none of the cases I have had, did he know what the character of the disease was; he merely saw that the party was insane. He does not inquire whether they are fatuous or furious.

Sheriff grants Warrant on all Applications.

Visits to Poorhouse by Managers.

Functions of Medical Committee.

Two of the managers visit the whole of the poorhouse, including the lunatic wards, once a week. The lunatics are, however, under the special care of the medical committee, composed chiefly of medical men. The chairman of that committee, who is not a medical man, has visited pretty frequently. The others have not visited more than two or three times since the lunatic wards were opened. But though I got the license in August last, it is only three weeks I think since I got the first patients. They examined the clothing and bedding, and everything connected with the wards. There are no rules as yet.

Records.

We keep the Madhouse Register, and Weekly Register, and a journal for minuting the visits of the medical inspectors and Sheriff. There is also a restraint-book. We have no strait waistcoats; we have not required to use any restraint since the wards were opened. The patients frequently go out, and seem anxious to get away; the gate is about 80 or 90 feet from the yard.

Airing-Ground.

We have a space behind the house which it is proposed to use for the future as an airing-ground; there is to be a covered-way, and it will be used in wet weather. It is about the same size as the other yard—longer and narrower. It looks out on nothing; the Caledonian Railway Station is immediately behind it; a good deal of traffic passes there. The patients are out two or three

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hours a day. We have not yet been able to take them beyond the premises, but by and by we may take some of them to the country, or anywhere that is found convenient, under the charge of a keeper. We have had no proposals from the friends of lunatics, to keep them if we would give them a small allowance.

Chaplain and Religious Service.

We have a chaplain for the poorhouse; he is there four hours a day, at all events. He conducts prayer, morning and evening, visits the wards, and reads and prays with the patients. The lunatics attend the chapel; they have a separate door of entrance, and sit apart from the others. There is service twice a day on Sundays, and all the lunatics attend—with the exception of one or two men, and two or three females.

Diet, and Service of Meals.

The patients dine in the day-rooms. There is a table, and the food is taken round to them in a large tureen, and divided into small tin basins. We have stout tables, from 6 to 8 feet long—there are five or six of them, and the lunatics sit on each side. They take their food with spoons. The beef is boiled in the broth; they have no meat separately; but frequently there is a large piece in the broth. At breakfast they get porridge with butter-milk or beer; they always prefer the milk, I think.

Visits by Clergymen.

The clergyman of the parish very seldom visits the paupers. If he is requested to come by any party in the house, he comes, but not otherwise. The clergymen of other denominations visit, but not frequently. We have a few Roman Catholics in the house; the priest attends them regularly. One reason, why we do not wish more of the house licensed than is necessary, is, that by Sheriff Speirs' regulations we require to have a keeper for every 12 patients, and this would increase the expense for keepers. I have a copy of these regulations; I don't think I got it officially from the Sheriff, but I got it from the Sheriff-clerk's office. The Sheriff said, that in consequence of the inquiries made here, he would require me to act up to these regulations.*

Operation of Sheriff Speirs' Regulations.

Visits by Inspector to distant Lunatics.

Supposing I had a pauper in an asylum, beyond five miles distance from the parish, I would consider it my duty to visit him. We have one at Dundee, and one at Dumfries. I have not visited Dumfries, but I visited Dundee recently. I suppose the party in Dundee was sent there by his friends, who are respectable people in Edinburgh. At that time, the rates there were higher than at Morningside, and they agreed to pay the difference. The patient at Dumfries got a presentation.

Powers of Inspector.

I consider we have a right to remove patients from one place to another; if I felt that I was incurring any great responsibility, I should consult the parochial board as to removal; if not, I would act without doing so. Practically, therefore, the power is devolved on me.

Allowances to Paupers resident with Relatives or Strangers.

I recollect one case where a person applied to the board for an allowance to a woman living with her. She said this woman was

* The regulations are practically eluded by reckoning the governor and superintendent of shoemakers, as attendants. See *ante*, p. 156.

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unable to work for her own support, on account of bronchitis, and that she was not very sound in her mind. The board saw her, and was satisfied she was not able to work for herself, and gave an allowance. The person with whom she resided was not a relative; the allowance was given to herself; she was treated as an ordinary pauper.

Cases where Lunatics, for a time supported by Relatives, ultimately become Paupers.

Allowances for Lunatic Children.

Responsibility of Parents and Husbands to support Patients.

It frequently occurs that parties, who have been supported by their friends for many years, fall upon the parish in consequence of their friends being no longer able to keep them. This is the case with some in Morningside Asylum. There was a case lately in which an allowance was made to a woman for an epileptic son; she was able-bodied, and would have been entitled to no relief herself. If I considered a parent able to support a lunatic child, I might, in the usual way, refuse to give relief, and the Sheriff would decide. But the general way is to take the lunatic off the parents' hands, and to operate our relief on the parent afterwards. We have several cases in which parents or friends pay a certain proportion of the board. I had a case lately where a commander in the navy applied on behalf of his boy. His wife is in the asylum. He has a pension of £90 a year. We sent the boy to the asylum, and we have recourse on the father; he will pay the greater part of the boy's maintenance. We have had no instances of persons being anxious rather to keep lunatics than to let us take them; we find the lower classes very much afraid of lunatics, and very anxious to get them off their hands. However old the child might be, we would still have recourse against the parents—that is, in the case of persons in good circumstances. We have many cases of wives of working men in the asylum—men with two or three children, and earning 17s., 18s., or 20s. a week; but the board asks nothing from them.

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12. Mr. John Hay, Inspector of the City Parish, Edinburgh.

Sworn and Examined.

Number of Patients in Lunatic Department of Poorhouse, and Number in Royal Asylum.

I have been inspector for ten years. We have a separate building for the accommodation of pauper lunatics, and we have generally about 70 or 80 in that department of the poorhouse. The number we have in Morningside is about 55 just now. The cases which we send there are furious, or dangerous, or curable; those which we keep are fatuous, imbecile, helpless, and harmless persons. The medical officers of the establishment decide as to to what cases shall be kept.

Patients in Poorhouse not under License.

We have no license for those we keep in the poorhouse. We consider that we are exempted from the operation of the lunacy acts, inasmuch as the house was a public hospital before the statute of 1815.

Question.—Is there not another statute, 9 Geo. IV., c. 34., sec. 5,

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which alters that law, and says that no insane person shall be received in any public hospital or lunatic asylum without a warrant of the Sheriff?

Answer.—We hold the parties in the poorhouse are not insane or lunatics, in the proper sense of the term. We hold the distinction between the two classes to be very obvious and clear. They are only harmless imbeciles.

Question.—The Act says "furious or fatuous?"

Answer.—We have always drawn a distinction between the parties received into the poorhouse, and those sent to Morningside. They are certainly not in the poorhouse at their own pleasure; they are not free to go out. We act under the authority which we had, previous to the passing of the statute referred to. We receive parties, certified by medical men to require confinement, for their own safety and preservation. Four or five years ago, the Sheriff instituted an inquiry into the matter, and our reply was that the house was exempted under the statute. He never gave any deliverance. I am not aware that he ever visited the house; he may have done so, but not with my knowledge. The taking out of licenses would be an unnecessary expense, seeing that we hold ourselves exempted by the statute. My colleague, Mr. Greig, stated this in a letter to the Lunacy Commissioners in August last.

Patients not at liberty to leave Poorhouse.

Patients received on Medical Certificate of Insanity.

Inquiry by Sheriff as to Exemption from Licenses.

License considered an unnecessary Expense.

Medical Officer.

Dr. John Smith looks after the proper treatment of these fatuous persons. The Board of Supervision require regular returns of all parties admitted into the premises; and they require a regular half-yearly return of all the lunatics, residing with their relatives, and at Morningside. I am not aware that any inspector visits the house on the part of the Board of Supervision. It may be said that the management is left to the parochial board, without, in one sense, any interference on the part of the Sheriff or the Board of Supervision, inasmuch as neither of these parties have visited the house, but we are quite ready to receive visits from any official person. There is no obstruction on our part to any visitation. If they don't exercise their power, it is for them to account for that; we would most unquestionably allow the Sheriff to visit. As to allowing him to make rules and regulations, that would be a question for the board to consider. No such attempt has been made: but any remonstrance he might make would be carefully attended to. I would not say that we hold the Sheriff has no legal right to visit.

Returns to Board of Supervision.

Visits by Inspector of Board of Supervision.

Management of House devolves entirely on Parochial Board.

Right of Sheriff to Visit.

I believe we have four nurses in each lunatic ward, and there are four or five wards. They are not paid, but are selected from among the most eligible of the sane inmates of the other division; and they are remunerated by having a better allowance than ordinary paupers. There is a matron, and a man to assist her, but they alone are paid. The matron has £45 a year, with board, and the man has £30 a year, with free house and rations. Their duty relates solely to these fatuous people.

Attendants: Principally Paupers.

Matron and paid Male Attendant.

All the curable cases are sent to Morningside. The medical officers certify that a case is proper for the poorhouse or for Morningside, but they don't enter into details unless we call attention to any particular case. We have had cases of delirium tremens in the poorhouse, seclusion being all that they seemed to require; but as soon as symptoms of insanity presented themselves, the parties were removed to Morningside. These are doubtful cases. They are brought in with the certificate of a medical officer, but without a warrant. We never apply for a warrant, except to send the patient to Morningside. We have parties in confinement, therefore, without a warrant; but we have the medical officers' opinion that they are safe. I don't recollect any complaints as to persons so detained.

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Curable Cases sent to Royal Asylum.

Cases of Delirium Tremens.

About two or three years ago, the whole of our patients in Morningside underwent a very thorough examination by our own medical officers and those of that establishment; and a number of cases, found incurable and fatuous, were removed from Morningside, and brought to the poorhouse. I believe no case has been removed from Morningside for the last two years. The medical officer visits our lunatic wards every day; he has a salary of £50 a year. The removal of the cases from Morningside had the approval of Dr. Skae; I am not aware that any case was removed without his approval. I believe the law committee of our board had under consideration the taking out of a license; I believe that was in consequence of this Commission. We have never sent any of our pauper patients to a licensed house; we have never sent cases to any other place than Morningside, or the poorhouse.

Removal of Patients from Royal Asylum to Poorhouse.

Medical Officer.

We have very little occupation for patients in the poorhouse; but some of them are employed occasionally in teasing hair, or in matters of that kind. Some time ago, they were employed in digging a bed of clay which we had in our ground, and they wrought very cheerfully and diligently; but there is no regular occupation for them now. The board has had the matter under consideration; and, at one time, they made an offer for a piece of ground on which to employ them; but they were out-bidden, and did not obtain it.

Occupations for Patients.

We have lunatics in charge of their relatives. The number is very limited,—some 12, I think,—10 in the city and 2 in the country. We pay the relatives from 1s. 6d. to 3s. a week, according to circumstances. I believe that of the 12, 5 are with parties who are not relatives, but who have taken care of them from infancy. Strangers have an allowance of from 2s. 6d. to 3s. These cases are not reported to the Sheriff, but they are reported to the Board of Supervision. Our medical officers visit them every half year, and report on their condition. The sub-inspectors also visit them twice a year, according to the statute. There is no other visit unless they are taken ill. We have had no instance of any person so placed being ill treated; it is quite

Lunatics resident with Relatives and Strangers.

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the reverse; they are very carefully treated. They are only allowed to remain, because of the attachment the parties have formed to them. We certainly keep them cheaper with these parties, than we could in the poorhouse. The average weekly expense of a pauper in the house is fully 4s. just now.

Expense of Paupers in Poorhouse.

Disposal of Lunatics, how determined.

The committee on the claims of paupers decide whether a lunatic shall remain with a relative, or be taken into the house. The inspector's recommendation may go far with the committee; but it sits twice a week, and goes over the cases very carefully. We have the permission of the Board of Supervision, in every case, before removal is dispensed with. I am not aware that any lunatics, out of doors, receive allowances as sane paupers. I am not aware of any fatuous person, resident with friends, not being reported to the Board of Supervision. It has never happened that there has been any difference of opinion between me and the parochial surgeon, as to what cases should be admitted into the poorhouse. We hold ourselves bound by his opinion. Every case, which he recommends to be sent to Morningside, is sent there.

Monday, 19*th November* 1855.

Mr. Robert Wilson. 19th Nov. 1855.

13. Mr. Robert Wilson, Inspector of Poor for the Parish of Inveresk.—Sworn and Examined.

Number of Lunatics belonging to Parish, and where placed.

I have been inspector for five years. The population of the parish is nearly 9000; and we have generally 19 or 20 lunatics on the roll. They are all in private asylums. There are six private asylums in the town of Musselburgh in which we have placed them: 11 in Aikenhead's; 3 in Scott's; 2 in Moffat's; 1 in Brownlee's; 1 in Thomson's; and 1 in Mackay's. We have none in public asylums. The parochial board has the responsibility of placing them in Aikenhead's. I think they gave a preference to that house because it is their own property: Aikenhead is their tenant. We had patients in that house before Aikenhead took it; he was there before I became inspector. There were patients in the house in Moffat's time; when he left, the greater number of the patients was left; he took some.

Arrangement with Aikenhead.

I think a committee of the board was appointed, and some arrangement made with Aikenhead. He agreed to pay a certain rent, and was allowed to retain so many of the patients. I am not certain whether Moffat got any of them or not. They were left in the house more as a favour to the tenant than anything else. Aikenhead had previously kept a provision shop; I am not aware that he had any experience in treating lunatics; I was not inspector at that time. Sir A. Hope is the chairman of the board; he never visits the house; but there is a committee appointed, which visits the houses occasionally—not regularly.

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Aikenhead's House: Inspector's Visits.

I visit them myself every quarter, with the parochial surgeon, when paying for their maintenance. The patients are then generally examined as to their clothing, and the state of their beds—but not always. We are more particular about that in the winter. Dr. A. Sanderson is the medical officer of the board; and he accompanies me. It is only once a year that I make a complete investigation; on the other occasions I just see the patients walking before me—they are all turned out on the grounds. The rate of payment is £20, including clothing and all expenses.

Clothing of Patients.

I think they are very well clothed. There is no agreement as to the clothing which Aikenhead is to provide; we just trust to himself. I made an inspection last winter as to the clothing; I think it was quite enough. I examined the bedding; the patients have sufficient bedding—generally a blanket and a cover. I never visited at night. I did not examine the clothing more than by feeling their breasts. I know they had flannel jackets and stockings; I never saw whether they had drawers; I am not aware whether they have spare flannel jackets; or spare bedding. I visited all the asylums in the same way. I don't interfere with the diet they get at Aikenhead's; I never saw them getting their food.

Bedding.

Diet.

Mortality.

I heard last winter of a great many deaths there, and I made some inquiry, but not particularly, as to the cause of the deaths. I was told that a number of feeble individuals had been sent from Perth, and I was led to understand that it was among these that the mortality had occurred. It was not among our paupers; we have not lost a pauper for two years. I did not visit the house to make any inquiry. In my visits I am sometimes accompanied by Dr. Sanderson. He was generally, I think, well satisfied with the appearance of the patients, as to their clothing. I have heard him sometimes say—"This man would be the better of a new jacket, or a Guernsey frock." I never heard any complaints as to diet or bedding. There is always plenty of fire.

Amount of Accommodation.

I never heard the want of a day-room complained of; but I don't think there is a sufficient day-room for the patients. They have plenty of accommodation for sleeping, but the room in which they sit has beds. They have forms, and tables, and stools. I am not aware that they sit on their beds when taking their food. I don't think they have a table. I have not examined the fire-places any further than to see that fires were burning. I am not aware that half the fire-places are stopped up; I have not examined all the fire-places. I have seen the paupers out—the men in the back-yard and the women in the front. I never saw them anywhere else. I have been occasionally at Morningside when we had a pauper there.

Fires.

Case of Begg.

We had a lunatic who committed murder in Reid's Asylum; he was removed to Morningside by the Sheriff. They refused

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to keep him, and they applied to the Sheriff to have him removed. I don't know what their objection was to keeping him. He is not handcuffed or kept restrained by a strait-waistcoat. He has a room to himself and sleeps alone.* There is £2 of difference in the charge for patients at Morningside and at Aikenhead's. That had nothing to do with the removal. We would have left him at Morningside, if they would have kept him.

Removal of Patients from Edinburgh Asylum.

We prefer having all the patients in our own parish. We have removed others from Morningside whom they would have kept—one reason being that we could get them kept cheaper. I don't know as to the accommodation at Morningside; the pauper is generally brought to me; I did not know that I had anything to do with looking after their accommodation. I visit to pay for them; I never interfere with their treatment. At Aikenhead's I visit to see how they are treated. I see the rooms perhaps twice a year, but at other times I merely see the patients walking in the grounds. I should think the patients are washed regularly at Aikenhead's; they have the appearance of being clean; I never saw the means they have for washing or bathing. I never heard of fees being given to parties taking patients to licensed houses.

Inspector's Visits to Asylums.

Means of Cleanliness at Aikenhead's.

Reasons for placing Patients in different Houses.

Question.—Why have you the patients so much dispersed?

Answer.—The friends may have a wish to have them in one house rather than in another. If they express a wish for any particular house, it is generally attended to.

Sheriff does not interfere as to their Disposal.

The Sheriff never suggested the propriety of sending the patients to a public asylum. He grants the warrant to send them to the place to which we wish them to be sent. The houses are all licensed, and I suppose he has no objection to any of them. We select the house; we ascertain whether there is room.

Aikenhead's House:

Aikenhead has refused patients when he was full. I don't know his present number, but I think he has nearly 70. He has refused our cases two or three times, one about four months ago. It is only lately he began to refuse them—within the last twelve months, at all events. For a long time, there has been no complaint by friends as to the treatment of patients at Aikenhead's. Some years ago a woman, named Johnson, complained; but a committee made inquiry, and found there was no reason for the complaint. It was that one of the paupers was not properly fed; she wanted him removed to another house. It turned out that he was very well fed and clothed. That was ascertained by questioning himself, the proprietor of the house, and the keepers; his general appearance was good, and he had sufficient clothing. I did not inquire if he had been properly clothed before his wife complained. He is in the same house yet, and is as comfortable

Complaint by Friends as to the Treatment of their Relatives.

* This patient slept in the closet described on p. 118. He died of dysentery in February 1856.

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and happy as he can be. I don't think any occupations are provided for the patients at Aikenhead's. All cases, curable and incurable, are sent there, and generally, if Aikenhead has accommodation, the patients are sent to his house in preference. I act along with the medical men; a certificate must be granted by two medical men. If Aikenhead can take them, we go there. The board intrusts the placing of the patients there entirely to me. They meet monthly; but they give me general directions, and I act on my own discretion. I report to every monthly meeting; I have never made any written report as to the condition of the patients at Aikenhead's. There is a committee, but it never visits unless a complaint comes before it. That case of Johnson's was the only complaint that has been made.

Preference given to Aikenhead.

Powers intrusted to Inspector.

Question.—How can any complaint come before it except through you?

Complaints by Patients, and Visit of Inspector to Aikenhead's.

Answer.—The patients never had any reason to complain; they never made any complaint when they saw me there. Aikenhead was with me; I have seen them without Aikenhead, but always with an attendant. I never went with the members of the board, and never saw the paupers apart. So far as I ever saw, the patients all looked comfortable and happy.

Visits by Friends of Patients to Aikenhead's.

I am not aware that the friends of the patients are refused admission; I have sometimes granted an order for a relative to be admitted; I never asked Aikenhead if he gave free permission to friends to visit. They came and asked me for my "line;" I suppose it was necessary to give my "line;" they do not frequently apply; I have not always granted permission when it was applied for. A woman lately applied, and I refused to give a line because she was the worse of drink; I don't know that I would have refused it if she had been in a proper state; I would be regulated by the condition of the patient at the time; I think that is the only case in which I refused admission. I don't suppose I have been asked above that one time to give permission to visit. I should think all the patients are able to write; I cannot tell if they are allowed to write; I never saw paper, pens, and ink, in the house; I cannot tell whether they are supplied with writing materials.

Use of Restraint at Aikenhead's.

I have seen some of the patients with a strait-jacket on, when they were very violent and tearing their clothes. I have seen them with handcuffs. I never saw more than one at a time in that way, and that man seemed as comfortable and happy as any of the others; I did not ask him, but he seemed so. He knew me quite well, and laughed and joked.

Exercise.

I am not aware that any of the patients are taken out to walk in Musselburgh; I never heard of them being out; I should think they do not go out; I have every reason to suppose that they don't go out.

Quantity of Land.

I don't know the amount of ground Aikenhead has. He has

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a large vegetable garden to which the patients may perhaps go with the keeper, but it is away from the other grounds.

Procedure on Death of Patients.

When a pauper dies, his death is intimated to me immediately. I generally get notice when they are ill—on their deathbeds; I don't visit them on these occasions; the surgeon of the house visits them; our own surgeon has no charge of them any further than visiting them occasionally. The parish always pays for the funerals; that is a separate allowance. I don't know what notice the friends get of the death of a patient; I don't inform them; I am not aware whether Aikenhead informs them. I think if it were necessary to inform them, he would communicate directly with them; he knows all their addresses. There is no regulation that he shall inform the friends; very often they are buried without any of their friends being present. They are

Funerals.

generally carried on spokes; I heard of one case being put in a cart. The funeral is generally about four o'clock in the afternoon. M. C. died within the last few hours; I think she had friends in Musselburgh; they would know of her death; I don't know if they heard of her illness. The funeral would be intimated; I am sure the hour would be intimated to them by Aikenhead; I leave that to him; I am quite sure he would give notice. As respects patients from a distance, in Aikenhead's house, I don't know that they are generally taken to the church-yard in a cart. They might be for aught I know, but I never heard of any but that one case. I don't see how they could be given for dissection. Our undertaker, Mr. Gibson, attends to the funeral. He is paid for each funeral; 10s. for the coffin, and the grave-dues besides. I am not aware that any clergyman attends. It was considered improper to take the body in a cart; it was complained of; some of the board heard of it, and I complained through the board.

Cases of long standing.

Sometimes the cases have been long insane before they come under my notice. It sometimes occurs that a person has been supported by his friends till poverty compelled them to apply to the parish. We have two cases just now, put in by their relatives, who have fallen back in the world, and are not able to maintain them. Recently a woman was put into Scott's asylum, by her aunt. She advanced £3 to help the first quarter's payment, but was not able to do more. We are held liable now.

Patients living with Relatives or Strangers.

We have 9 or 10 imbeciles with friends, to whom we make an allowance. There are a few with strangers—3, I think. They get from 2s. to 3s. a week; one has 3s., and the two others 2s. 6d. I don't know why 3s. is given in one case. It was cheaper to give the allowance, than to send the cases to Aikenhead's. I visit these out-door lunatics every two or three months. They are generally very well taken care of; there is no instance of their being indifferently treated. I don't know that they are better taken care of than at Aikenhead's; they do not require to be under restraint. The Board of Supervision

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is consulted on these cases, and the Sheriff gets notice of them. We are bound to send a notification to the Sheriff. I don't suppose there is any license by him in these cases ; but there is a regular form of notification. A medical certificate is required : it certifies that the party is in safe keeping where he is; that is put in the return. The parties living with their friends, and getting an allowance of 2s. 6d. a week, are notified to the Sheriff, I think; but I don't think they have ever been visited by the Sheriff. I furnish a list of them to the Board of Supervision every half-year. I don't think we ever delay, to see whether the case will recover, before sending it to an asylum. We may delay a week or two, but not longer ; the medical men look after that. There was an idiot girl got with child. She was never in confinement ; she lived with her friends. The child fell on the parish. She was living in Fisherrow ; I don't think she had any allowance. The child was not an idiot. The father was guessed at. We pay for a child of hers yet : she had two children ; she is dead long ago. The case occurred before my time. I am not sure whether I have heard of any female becoming pregnant in any of the asylums in Musselburgh : none that ever I heard of. It strikes me I have heard of patients using violence towards one another; but not in reference to our patients.

Pregnancy of an Idiot Girl.

Rent paid by Aikenhead.

I don't think Aikenhead pays a larger rent to the board in respect of getting our patients ; I think the property is worth the rent. The understanding is that Aikenhead is to get the preference. The rent is £35 ; that is a free rent, a liberal rent. The property is very well let. We could easily get that sum.

Rates of Payment for Pauper Patients in Musselburgh Houses.

There is one of our paupers in Mackay's House at the rate of £22, but the friends pay one-half. That is the usual rate of payment at Mackay's ; it is £20 at all the other houses ; I am not aware of any house where it is less than £20. Scott offered to take patients at £18 ; I think he sent a circular, and I recollect waiting on him ; he said the board would be something less than £20, and I said, You can't do your patients justice under £20, and the board won't give less. I think £20 is as little as can be done with. I know Mrs. Marks ; she has no patients ; she was intending to take them ; but she is dying of consumption. She got a license, I understand, for the house. She made no proposal to take patients at a cheaper rate. She asked me to send her patients, but she never condescended on the sum.

Increase of Asylums in Musselburgh.

I cannot say what is the cause of the increase of lunatic asylums in Musselburgh ; the only reason I can think of, is that the people see them all thriving. I don't think they could thrive on £18 ; but it seems a good thriving business. I should think the patients are as well fed in these houses as in poorhouses ; but I don't know that they are better. We have no poorhouse.

Scott's House.

I have seen a woman, named D——, in Scott's house, with a strait-jacket, and in bed. She is very dirty. The separation of the sexes is not very good in Scott's house.

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Question.—Is it well furnished?

Answers.—I think it takes it all. The furniture is rather insufficient. In the day-room, I think, there is a table—there was one last week. I think Scott's is the worst house as regards accommodation; I don't know that I am at liberty to take measures as to incomplete furniture or accommodation. The medical man of the house is, I think, the proper person to give in a report about it. If I saw insufficient accommodation, I would complain to the parochial board. I don't like that back house of Scott's in the grounds, but I have never taken any steps to prevent our patients being sent there. The patients are all in the parish—none are in more distant places. The proprietors of these houses don't pay the expense of the warrant and removal; the parish pays the medical certificates and the expense of removal; it pays the doctor's fee,—£1, 1s., for each patient—that is, 10s. 6d. for each medical man. All that is in addition to the £20. I don't think Aikenhead's house is ill managed.

Fee for Medical Certificate and Warrant.

Sir Archibald Alison. 19th Nov. 1855.

14. Sir Archibald Alison, Bart.—Sworn and Examined.

I have been Sheriff of Lanarkshire for 21 years. During that time, the subject of paupers has been almost daily under my notice. I have also turned my attention, in a considerable degree, to the condition of lunatics. When warrants are applied for, to place lunatics under treatment, it is, in the case of non-paupers, at the instance of the relations of the insane person; supported by the certificates of two medical men, that they consider the party fit for detention. In the case of pauper lunatics, the application is at the instance of the parish. We never make inquiry as to the title of the applicant: that is taken for granted. Generally, there is no order for service of the warrant, and, in 19 cases out of 20, it passes as a matter of course. In some cases, after being placed in confinement, the patient makes application, and an investigation takes place. The patient is not before me previous to granting the warrant, and no one is ordered to inspect and report. We proceed entirely on the certificates of the medical men. At first, when I came to Lanarkshire, the practice was to have only one medical man to certify; but, for ten years past, there have always been two. By the statute, one is enough; but I found it necessary to have some additional check, because a vast number of people were brought to us with certificates signed by medical men at a great distance,—Londonderry, Dublin, Liverpool, Manchester, Inverness, &c., and I did not know the signature, and did not even know that they were medical men. I, therefore, required the certificate of some medical man in Glasgow, whom I knew. We are perfectly familiar with the medical men there who generally sign the certificates, and know them to be qualified. As for those at

Granting of Warrants for Lunatics:

At whose Instance.

Upon what Medical Certificates.

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a distance, I am obliged to take them at their own word, for I have no means of knowing them. Medical inspectors are appointed under the statute in Glasgow regularly, and we employ them to visit with the Sheriff. In the case of a medical man having an interest in any private asylum, we invariably require the certificate of two medical men, independently of him. In the case of a medical man attending an asylum, we don't object to his signature, although he may have an interest in augmenting his patients.

Form of Medical Certificate and Warrant.

The certificate is very short. It is a printed form, and states that the medical men have seen the patient, and consider him in a state of lunacy, and a fit subject for detention. It does not state the grounds of the opinion, nor the species of insanity. I know of no instance of the statutory penalties for granting false certificates being exacted. The warrant is a printed form, filled up with the names, to this effect:—"The Sheriff having considered "the foregoing certificates of Drs. A. and B., grants warrant to "the keeper of —— Asylum, to receive C. D., and authorizes "the Clerk of Court to issue the proper license: this warrant to "be in force only for 48 hours."

Mode of carrying Warrant into effect.

The warrant is committed to the people who bring the application, not to any officer of court. They may employ whom they choose to carry it into effect; they very often employ Sheriff-officers, but they are not obliged to do so. There is no regulation as to females accompanying females. In the event of an escape from an asylum, many of which have occurred in my experience, there is no additional application. The officers of the asylum take the warrant, and lay hold of the patient wherever they can get him. I have known an instance of a man being apprehended at Carlisle, having escaped from Gartnavel Asylum in Glasgow. Of course, the people who do this, act on their own responsibility, if they take the wrong person. Legally speaking, the warrant could not be in force, but in practice it is so.

Warrant remains effective in case of Escapes.

Preservation of Warrants.

The whole of the original warrants are lodged with the Sheriff-clerk, a copy of the warrant being given to the keeper of the asylum as a license. These warrants can be found in the office at once. I never heard any complaints that they could not be found. If people come to my office, therefore, they can find the means of discovering where a lunatic is. The medical certificates are preserved. They are written on a folio sheet of paper; first of all, the certificates of the two medical men separately, and then the warrant. That paper is retained in the office.

Inspection of Asylums by Sheriff.

By the statute, I am obliged to inspect the asylums in my county once a year, and my Substitute once. In consequence of the great number of patients in Gartnavel Asylum, I established a regulation fifteen years ago, that there should be four inspections of that asylum yearly. It met with the most violent opposition on the part of the Commissioners of Supply, who said

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it would cause a ridiculous expense, and that they would not pay it. They being the parties who have the control of the funds, I was placed in very great difficulty; and, for several years, the fees to the medical men were greatly in arrear. At length I got a sort of compromise effected, by which the inspections were reduced to three in the year. These inspections are made without any previous notice; at least I send no previous notice; it may be got by some underhand way. But I have often gone to an asylum and found the principal keeper absent, and likewise some of the medical men. I have the power of ordering an inspection whenever I please. That power is frequently exercised in reference to individuals who write to me, saying that they have quite recovered, and are improperly detained. The course I adopt in such cases is this—I direct the application to be served upon the party at whose instance they were placed in the asylum, and remit to any two medical men, whom the patient or his relatives may nominate. The other party also get their medical men, and the evidence taken is often very voluminous. We have frequently occasion to do this. In great asylums, there are few to whom anything of the kind is applicable; I should say it averages not much more than one per cent. of the patients, as to whom there is any doubt; the rest are clear cases.

Special Inspections.

Procedure at General Inspection:

Speaking with Patients.

As to the general inspection, I always see, and, as far as possible, speak to every patient. Any one who wishes to speak with me alone, I always take aside. It is very difficult to see the patients alone in a large asylum, because there are very frequently rooms in which there are thirty or forty patients, and, as you cannot tell what might happen, there must be attendants present. It is a constant rule with me to insist on seeing every person, whatever state he may be in, and however violent. In the case of persons detained in dark rooms, I always go and speak to them alone. But it is possible that persons might be detained without my seeing them. I never knew an instance in which a complaint was made to me, to the effect that I had visited, and had not seen a patient. I look to the ventilation, the exercise, and the clothing; particularly to the ventilation; and I have recommended improvements in the construction of the buildings, and regulations for giving the patients more exercise, and a sheltered place to walk in. I consider myself bound to look to all these things. In the large asylums I scarcely ever leave, without making a recommendation to the directors to do something. It is generally attended to. I am always accompanied by two medical officers, who are two of the inspectors appointed under the statute. Their fee is £2, 2s., which, by the statute, is to be paid out of the rogue-money. I always speak to the patients myself; I find they pay little attention to the medical men; they always come to the Sheriff, because they think he has the power of liberation. I think the visit excites some people,

Seeing Patients in Seclusion.

Inquiry as to Ventilation, Clothing, &c.

Recommendations made.

Medical Inspectors.

Effect of Inspection upon Patients.

but there is such a number in the Royal Asylum that very few are excited, not one in twenty. I have seen instances in which they have shown the greatest violence to myself. I think the visit excites them, but it rather does them good. They get excited at the moment, but on reflecting on it afterwards they are satisfied that somebody is looking after them; and the feeling of despondency, which frequently accompanies insanity, is a good deal diminished by that. After every inspection, I get a perfect deluge of letters for some weeks from the patients, saying that they are improperly kept, and hoping that I will look at the papers they gave me. The medical men who accompany me make no report of their visit to me. There is an entry of the inspection made in the books of the asylum, and in the book kept by the clerk to the Faculty, who goes about with the medical men. Both books contain a certificate by the inspectors, saying that they found everything in good order, except so and so. The one book is a transcript of the other. In the way of remedying a complaint, as to improper detention of a person who has recovered, the power I have is to order them to be liberated. In the case of directions given for improving the ventilation, or the drainage, or for additional security, it is very difficult to say what powers we have; they are undefined, and we are indebted rather to the courtesy and good sense of the managers of the asylum than to anything else. I think hitherto, so far as my experience goes, our recommendations have always been attended to; but I can conceive a case quite well, in which, if any dispute got up between the Sheriff and the Directors, or the people who have charge of an asylum, it might be very desirable to have an absolute power. They might set us at defiance at present. Our only remedy is to withdraw the license; but that is an extreme measure which, in the case of a great asylum, such as Gartnavel, would be utterly out of the question, because you would immediately set adrift 400 or 500 persons. In regard to private asylums, the proprietors are quite aware of our power to withdraw the license, and that is one reason why they are so attentive to our recommendations; and in the public asylums the people pay attention to them, because they are men of eminence and respectability. We could, of course, refuse to send them any more patients. I think the only common-law powers the Sheriff can be held to have, are in relation to dangerous lunatics. I think we might lay hold of dangerous lunatics without the statute, just as we would lay hold of a mad dog. Occasionally, I have liberated people—not on the spot; but I have taken a note of the case, and corresponded with the party, and with the keeper, and in the end I have recommended the liberation, which was immediately accorded; but I have very seldom had occasion to do so. I have never found that the powers we possess are insufficient, but I think it would be advisable that they should

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Record of Inspection.

Power of the Sheriff to remedy abuses.

Remedy by Withdrawal of Licenses.

Attention paid to Recommendations of Sheriff.

Common-Law Powers possessed by Sheriff.

Liberation of Patients by Sheriff.

Recommendation that Powers of Sheriff be increased.

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be increased, because I could not at all reckon upon all the keepers of asylums being as reasonable and attentive to recommendations as they are with us.

Reports to College of Physicians and Commissioners of Supply.

The statute requires that certain reports should be made to the College of Physicians annually. I don't know as to that. There are also reports to be made to the Commissioners of Supply as to the funds—that is attended to.

Expense of Inspection.

The only expenses are the fees to the medical men who make the visits, and as there are two medical men and four inspections for Gartnavel in the year, they amount to £16, 16s. There is a fund derived from fees, but the Commissioners of Supply complained that, as the fees were inadequate, the expense fell on them. They absolutely refused to pay, and made a great work about it. The amount of fees, I may mention, was very small in the county, because the great majority of patients were sent to the Royal Asylum. I have power to regulate the fees, but 10s. 6d. is the maximum, and, in our county, the sum produced was not sufficient. I have heard no complaints for three or four years, from which I presume that the receipts are now nearly equal to the expenditure. There is an annual renewal of license for patients in private asylums. I am not sure whether this is regularly attended to.

Fees for Licenses.

Annual Renewal of Licenses.

Power of Sheriff to make Regulations.

The statute gives power to make regulations for private houses, but I have not issued any system of regulations, there being so very few such houses in the county of Lanark. The whole of the private patients in licensed houses in the county does not exceed 25 or 30. But I have repeatedly recommended that the keepers of these houses should do certain things. I don't consider the power of making regulations to extend to public asylums.

Number of Licensed Houses in Lower Ward of Lanarkshire.

We have only 3 private houses in the Lower Ward: Garngad, Blackfaulds at Rutherglen, and Springbank. I think the average number now in Garngad asylum, which is very respectable, and contains patients of high rank, is 15 or 16. Springfield has generally about 5, chiefly old women in a state of imbecility; Blackfaulds has 3 old women and 1 old man. That class of patients is rapidly diminishing—Garngad at one time contained 30.

Mode of obtaining License for a House.

When an application for a license for one of these houses is made, it is by a short petition, saying that the petitioners have formed some connections in business, and are desirous of keeping a house for lunatic or insane patients; it is accompanied by certificates from clergymen or others, as to character; I have the discretion of refusing the license. In the few instances which have occurred, I have always made inquiry as to the fitness of the licentiate. In one instance, the person was known to me, and in another I made inquiry. There have been only two in my time, Springbank and Blackfaulds. The licentiate is bound to reside in the asylum. Before I grant the warrant I inspect the house, and see the kind of accommodation provided. I do that personally,

Sheriff inspects House before granting License.

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We have had repeated inspections of the Barony parish asylum. We don't license a specific number of rooms, or a house. We give the license to the applicant. I consider it is not like a public-house, where the license may be transferred; but it is a case of *delectus personæ*. If you could transfer the license, it might get into improper hands; I understand the license to be strictly personal. I don't think the licentiate could change the house without application to me; I certainly would not allow it. If he did it, it would immediately become known to me; but the only real security is, that there would be an inspection probably in three months, and if I found such a thing had been done, the license would be taken away. No one would venture it, therefore. If it came under my notice that any person changed his house without application to me, I would take away the license at once. I would understand it as a complete breach of engagement. I don't remember whether an application was made to me when the patients at Blackfaulds were removed on account of the railway passing through the place. I think it is more than probable that the application would be made to one of my Substitutes. My understanding is, that the licentiates are not entitled to change the house. If we saw that they had gone to a better house, we might pass it over; but if we saw the least deterioration, we would withdraw the license.

The License granted is Personal, and cannot be transferred.

Change of House by Licentiate.

In making the inspections, I attend to the site and the construction of the building, the means of separating the sexes, of classification, ventilation, &c. The only private asylum in the Lower Ward, of any magnitude, is Garngad, where they have large airing-grounds, and gardens, and good ventilation. I always look to the proper appliances for washing and cleanliness. I have found fault when things appeared to be dirty.

Nature of Inspection by Sheriff.

Remark.—But we are talking of the inspection before the license is granted.

The place is always looked at before the license is granted, but I can't say very minutely. I never entered into any calculation as to the number of cubic feet of air which should be given to each patient. I have attended to that in the wards of public hospitals; but in private rooms I just take a general view to see whether they are well-aired. I have repeatedly said—This room is not rightly aired, you must have additional means of ventilation. My recommendation is always attended to.

Nature of Inspection of House before License is granted.

There is no rule as to the proportion of attendants, or their character and fitness for the office. I trust all that to the licentiate. I always ask the patients if they have anything to complain of. There is a book kept in these private asylums, which contains a note of all the visits of the medical men, and also the entries by the Sheriff. There is another book which I always look at; but I don't recollect, in private asylums, any instance in which a restraint entry was made. The appearance

Regulations as to Attendants.

General Records.

Record of Restraint.

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of the patients in these houses shews that no restraint is required. The only case in which I think coercion might be necessary is a case at Garngad—an officer in the army of high rank. But I never saw any one who shewed any violence. At Bothwell I saw none that appeared to require it; Dr. Muirhead said he never used restraint.

Medical Attendants.

The medical attendant of private asylums is always selected and paid by the licentiate. The medical attendants in Lanarkshire, so far as I know, are extremely respectable. Dr. Macfarlane, the highest medical authority in Glasgow, was medical attendant at Garngad. In certain cases the licentiate is himself the medical officer; but they always require to have an additional medical attendant. For a long time the keeper of Garngad was Dr. Drury, a medical man, but there was always another medical attendant besides. I don't recollect who the medical attendant now is, in addition to Dr. Hill, but I know there is another. I don't know whether the medical attendant keeps a case-book; the only register I see is the entry of the number of visits in the book of the asylum. No report is made to me by him separately. I inspect the houses once a year, and each of my three Substitutes once. I am always accompanied by two medical inspectors, and a clerk, who keeps the book, and makes the entries of any observations by the Sheriff. The inspection of private asylums is conducted in the same way as that of public asylums.

Report of Deaths to Sheriff.

All the deaths in these private asylums are reported to me immediately. They are always accompanied by a certificate by medical men, specifying the cause of death, mentioning the disease, how long ill, and so on. I never heard any complaint of anything being wrong in that matter.

Annual Renewal of License.

The annual renewal of license is granted as a matter of course, unless some complaint is made. I never had occasion to withdraw a license, but I would do so on cause shown. Unless in very extreme cases, I would not withdraw the license on a day's warning; but I would give notice that it would be withdrawn at a certain time.

Removal by Sheriff of Cases from one Asylum to another.

I have power to remove lunatics from one asylum to another. I have done so repeatedly. I do it generally from the Barony poorhouse asylum to Gartnavel.

Houses for single Patients reported to Sheriff.

There is a class of houses with only one patient, which require to be reported. I recollect, at present, of only one such house in my county. A man near Lanark always reports to me. He has one patient, for whom I should think he is paid. I never

Not visited by Sheriff.

visited the house; I should think I have power to do so if it were necessary. There is no license granted; we don't grant licenses to these houses. Every year this man applies to me, and I give a letter authorizing him to keep the patient. I never heard of the other two cases which have been returned to you. The letter for them may be sent by my Substitutes.

Non-reported Cases.

I had never any solid ground for believing that lunatics were kept in private

houses under the name of nervous patients, except once: it was in a case in the Registration Court, where it turned out that the party kept a lodger who was insane; that was stopped. Indeed the public asylums are so well known and approved of, that almost every case is sent there. There are very few pauper lunatics in the custody of relatives; I don't know of any with their friends. There may be arrangements with parochial boards; but there is no application to me for licenses. If there are such cases they are not under my cognizance. If they were brought to my notice, I should think they would come under my jurisdiction. If I do not inquire about them, it is because no complaint is made. If any person presented a petition to me saying that he was improperly detained, I would make inquiry directly. I don't consider myself entrusted with the guardianship of lunatics, unless they are in public asylums or in licensed houses. But if an application was made to me I would inquire into it. If there was no public asylum, the number of private houses would be immensely increased, both for the higher and humbler classes of patients.

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Lunatics living with Relatives or Strangers.

The Sheriff as Guardian of Lunatics.

As to dangerous lunatics, coming under 4th and 5th Victoria, c. 60, § 3, these are very numerous in my county. The complaint in these cases is at the instance of the procurator-fiscal. The way the thing generally proceeds is this: the police bring a man to the office, and say that they found him on the streets in a state of dangerous lunacy, calling out, or attacking somebody; or application is made, at the instance of the relatives, to the procurator-fiscal. An inquiry is then conducted, generally by one of my Substitutes, or by myself, into the state of mind of the party. A precognition is taken, and, if he appears to be a dangerous lunatic, which is often evident from the appearance of the man, a warrant is given, in terms of the Act, to detain him at the public expense. If he appears to be dangerous, we don't require any overt act of violence. This inquiry is conducted in one of the Sheriff's rooms, after notice has been given in the newspapers.

Dangerous Lunatics.

Procedure regarding them.

I have known instances in which patients were most improperly brought from distant parts of the country, and landed in Glasgow in a state of perfect madness, in order to throw the burden of maintaining them upon Glasgow. I recollect one case, in particular, in which a patient was brought to Campbelton, and thence to Dumbarton, in a steamboat; then handed over to another steamer for Bowling; from that place he was taken to Kirkintilloch, and thence to Glasgow, where he was put down in the public streets. In another case, a man was brought from Carlisle on the top of a coach; a party there having given the guard 2s. 6d. to put him down in the Trongate of Glasgow, which he did accordingly. He was brought up next day as a dangerous lunatic. Fortunately, he was able to tell where he

Patients from a Distance turned loose in the Streets.

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came from. But, in the other instance, the patient was not able to tell where he came from, and it was merely by accident that we found, on investigating another thing altogether, that he had been sent from Campbelton. While the preliminary investigation is going on, I rather think the patient is kept in the police office. There is no warrant to send him to an asylum—but this is a matter generally attended to by my Substitutes. I rather think that when the party is brought up, and if he appears evidently to be insane by his manner and conduct, an interim warrant is given to detain him at Gartnavel, till the advertisement is made in the newspapers. I am not certain of this, but I have a strong impression that this is the course pursued. The Gartnavel people would not refuse a patient on a warrant at the instance of the procurator-fiscal. I have known them refuse cases on account of disputes about money; but I never knew them to refuse a case sent at the instance of the fiscal. I don't recollect the exact terms of the warrant under which such cases are committed; but it states that A. B. is a dangerous lunatic, who cannot be safely allowed to go at large, and, therefore, we authorize his detention. Such cases are always sent to Gartnavel. In some instances, applications have been made to me, by their relatives, for their liberation on security, but I have never granted that, excepting in cases which had been some time in confinement, and where the application was accompanied by a certificate from the medical officer, Dr. M'Intosh, that their removal might take place with safety; and where I knew something of the relatives. I consider myself entitled to refuse giving a lunatic up to a relative, unless on ample security. But, I think, under security, I would give him over to the relatives at once. I never sent them to prisons. I never heard of them being brought under the notice of the General Prison Board. The keeper of the asylum,—in our case, always Gartnavel,—makes application to me, saying the person is cured: that is intimated to the procurator-fiscal, and he writes, at the bottom of the application, "I concur," and the man is liberated. But notice must always be given to the procurator-fiscal. The thing is done judicially. Notice is given to the fiscal, and if he refuses to concur, the relatives of the man could not take him out: that would be the case, even if he were paid for by the parochial board. If a person is to be transferred from one asylum to another, that is done by a petition to the Sheriff, and I don't think that is accompanied by the signature of the procurator-fiscal. His friends could trace him at any time, because if he were sent to Dumfries from Gartnavel, there would be an entry in the books at Gartnavel, "Transferred to Dumfries Asylum." He could not be removed to Dumfries without the knowledge of the Sheriff. The removal from one asylum to another is always by warrant. We grant warrant to remove to such a place; that warrant is not available beyond the limits of our own county; but, I under-

Dangerous Lunatics: Interim Detention.

Never Refused at Royal Asylum.

Dangerous Lunatics always sent to Royal Asylum.

Liberation on Caution.

Discharge of Dangerous Lunatics.

Notice always given to the Procurator-fiscal.

Transference of Dangerous Lunatics to other Asylums.

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stand, they take the warrant to the Sheriff of the county to which they are going, and get it endorsed by him; and they take lunatics through the intermediate counties without any warrant at all. I do not remember any instance, within my own experience, of a lunatic found insane in bar of trial, or declared by the verdict of a jury, to have been insane at the time the offence was committed.

Pauper Lunatics: Form of Application for Warrant.

The form of application for the confinement of pauper lunatics is a printed form presented by the parochial board, stating that the person is a pauper, and a lunatic; it is accompanied by a certificate from two medical men, and the warrant is granted. I don't take the certificate of a parochial surgeon—always of two others, so far as I know.

For Glasgow Parish and Barony Parish Poorhouses.

In the two great parishes of Glasgow and the Barony, there are large asylums connected with the poor-houses, and the applications for admission to these are at the instance of the parochial inspectors; they are very numerous, often two or three in a day. I think there are from 100 to 130 lunatic patients in the Barony poorhouse generally; and from 60 to 80 in the City.

For other Houses.

I have signed warrants for paupers to go to Muirhead's—I presume because his house was cheaper. I would grant warrant for admission to the house named to me, as a matter of course, provided I knew that it was respectable and well-kept, which I know Dr. Muirhead's to be. The only private house to which I or my Substitutes, so far as I know, have sent paupers, is Dr. Muirhead's, which is as well kept as any public asylum in the county. I would not send a pauper to a place which I did not know anything about.

Removal of Pauper Lunatics from one County to another.

When a pauper is sent to one of these houses the inspector might remove him to another, on application to the Sheriff. But he might take him out of the county without my permission. I never heard of notice being given to the Sheriff in such a case, and his consent is not required.

Such Removal without Warrant considered illegal.

I should think it would be illegal to take him out of the county without a warrant; but the inspector of the poor might withdraw the allowance, the pauper would consequently be liberated, and the inspector could then take him to some other county without any warrant.

No Check to prevent this being done.

There is nothing to prevent this being done. It was done to a large extent at Arran, some years ago: paupers were sent from Glasgow without the Sheriff knowing it, or having power to prevent it. The law is still the same.

Patients brought from distant Localities to Lanarkshire.

A lunatic may be brought from the north, say from Aberdeen or Inverness, with certificates, granted by medical men about whom we know nothing. This was the reason why I required certificates by medical practitioners in Glasgow. People bring us an application; that is the first time we hear of the case; the man is in attendance; we don't know how they got him there. I know no instance in which an application was made to me to transfer a lunatic from Lanarkshire. I should think the lunatics

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are brought without any warrant at all, and that the first application for a warrant is at the place where the lunatic is to be confined. I have often heard complaints from patients that they were confined by relatives owing to some money question, but I always found that though that might be true, the person was insane after all. The only two poorhouses we have with separate lunatic wards, are the Barony and the City poorhouses. In these cases, the arrangements were made under the authority of the Sheriff. We had great investigation and inspection of both, before we declared them to be proper places for receiving lunatics. I don't know whether the Board of Supervision have to do with them; but I know that we took the whole charge, and gave all the directions. The architectural details were under the direction of the parochial boards; but when they came to us to declare them proper places for detention, and to authorize the confinement of paupers, we made investigation, and made very great changes, particularly in regard to the airing-grounds. When the parochial board of the Barony applied, we declined to grant a license till some changes had been made. And I must say, I always found the parochial boards willing to make improvements; and sometimes they were of such magnitude that they took some time to carry them out—taking down walls, old buildings, &c.

Poorhouses with Lunatic Wards:

Inspected by Sheriff before authorized to receive Patients.

Description of Cases placed in Poorhouses.

The warrant to confine a lunatic in the poorhouse wards is granted, generally without any investigation as to the character of the lunacy. But, in general—I should say, always—when a lunatic is found dangerous or violent, the parochial boards make application for a warrant to transfer him to Gartnavel. They are always anxious to get quit of these patients. The lunatics in these poorhouses are therefore mere idiots. We send them there without any inquiry, and the parochial boards make the selection whom they shall send to Gartnavel. As far as we are concerned, we send every description of lunatic paupers to the asylum of the parish. I visit these poorhouses under the same regulations as other asylums. The ordinary medical attendant of the poorhouse is the medical man in the lunatic department. I don't require any additional medical man for the lunatics especially. I am not aware whether the lunatics get a different diet from the other paupers; I don't know what the diet of the other paupers is; but I have often tasted that of the lunatics, and found it extremely good in both houses—I should think far better than they ever got at home. I never heard any complaints made as to the diet. There was a most frightful mortality in the asylum of the Barony Poorhouse some years ago. It was so very alarming that I was struck with perfect horror, and wrote more than one letter to the parochial board. If I am not mistaken there were 70 or 80 deaths in less than a year in the lunatic wards alone. I went

Sheriff's Visits to Poorhouses.

Diet.

Mortality in Barony Poorhouse.

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out myself, and wrote to the parochial board, and it made a great many improvements at the suggestion of the medical men chiefly; but partly at the suggestion of the Sheriff; and the proportion of deaths has fallen to less than a tenth of what it was. That was in the year 1852-53. The thing was so alarming, and the proportion of deaths so frightful, that I could not help thinking there was some poisonous matter in the water which they drank. I am much afraid that some of the drains from the water-closets had got into the water. In 3 out of 4 —perhaps 4 out of 5 deaths, the cause stated was bowel-complaint or dysentery; I don't know what the proportion was in the rest of the building. There was no great over-crowding, there was no deficiency of ventilation, and I am convinced it was something in the water. Soon afterwards they got water from pure springs. We immediately had great improvements made —great additions to the airing-grounds: immense hills in the middle of the ground were levelled down, so as to let the air in, and improve the ventilation. Even yet, it is not at all a proper place, but it is so much improved that I daresay it is equal to the average of other places of the same description. But certainly, the construction of it was faulty originally, and no improvement can make it what it should be. The wards are a great deal too low, and there is a great deficiency of ventilation. That is the Barony I am speaking of; the City house is capital; nothing could be better. But the Barony is rapidly improving, and I am glad to see they are laying out the ground in gardens. The lunatics are delighted with it, and enjoy it very much indeed. The asylum at Gartnavel has the power of refusing cases. They did refuse one case, and I wrote about it; that is a great evil. All the paupers of Govan parish are in Langdale asylum—I suspect, because it is cheaper. Economy is the great thing parochial boards look to. I don't think they almost ever look to anything else. Gartnavel is certainly over-crowded by the number of paupers. The opening of the Barony asylum has had a great effect in reducing the number, but still Gartnavel is greatly too much over-crowded.

Present Condition of Barony Poorhouse.

Refusal of Cases at Royal Asylum.

Parochial Boards look only to Economy.

Royal Asylum over-crowded.

To prevent improper confinement in any asylum, the only effective remedy I can suggest is, that there should be a public officer whose duty it should be to make inspections of all the lunatic asylums in Scotland, at any time and without previous warning, and with power to direct the liberation of any person he thinks improperly detained. I think this could not be properly done by the Sheriff; it would require a separate responsible officer. To the Sheriffs the making of such inspections would be so immense a sacrifice of time, that they could not be made frequently enough. I would rather, that there should be an officer responsible to a public board in Edinburgh, and with powers emanating from that board, irrespectively of the Sheriffs. I would not

Suggestions for future Legislation.

Proposed Public Inspector.

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supersede the Sheriffs; and, perhaps, it would be as well that they should continue to issue warrants, &c. I think the present system as to the registration of lunatics has worked extremely well; I never had any complaints on that score. But, in order to ensure the tracing of a lunatic, it might be expedient to insist that, whenever a removal takes place, the party from whose asylum he is taken, should be bound to say where he is gone to. And it would be a good thing that in every sheriffdom a roll of lunatics should be kept, and that, when a discharge takes place, it should be marked opposite to their names. I think too, the Sheriffs should continue their inspections, in addition to those of the public officer; because I don't think it possible for any individual, however attentive he may be, to investigate properly the immense number of cases which come before us in a lunatic asylum, such as Gartnavel for instance, with 400 to 500 patients.

Registration of Lunatics.

Inspection by Sheriffs also to continue.

Dangerous Lunatics.

In reference to dangerous lunatics, I think the existing system is perfectly good. In the rural part of Lanarkshire there may be dangerous lunatics at large, but that is because there is no rural police, and nobody to report them. In Glasgow, where there is a powerful police, no difficulty is found. I may mention, that the law should require the Sheriff's authority to liberate them. I don't know whether there are any such lunatics, from other counties, confined in Lanarkshire as ordinary lunatics. That could not well be without our knowledge, if the Sheriffs of other counties adopted the system that we do, viz., not to grant a warrant for the liberation of dangerous lunatics without the consent of the procurator-fiscal. I know many instances in which lunatics, sent as ordinary lunatics to Gartnavel, turned out to be very dangerous.

Objections to Private Pauper Asylums.

In regard to all lunatics, I think it would be a very expedient thing to abolish private asylums altogether; that observation I would apply particularly to pauper lunatics. I think there is a great objection in principle, to allowing a person who keeps an asylum, and has a certain control over the medical man who attends it—because he is employed by him—to be the judge of the period, when he should consent to a patient's liberation. I think that, in every point of view, public asylums are preferable; for there the officers looking after them have no pecuniary interest in detaining a patient too long, or in giving inferior diet and accommodation. The poorhouse, with lunatic wards, is, in my opinion, a great improvement on the system of individuals, such as Dr. Muirhead, keeping paupers; but I think there is a risk that even the poorhouse is not a proper place for the management of lunatics, because the attention of the parochial board will always be given to the great mass of the people under its charge, who are the ordinary paupers. For example, in the Barony poorhouse there are, perhaps, 1400 paupers; but of these only 100 or 120 are insane. The greatest attention will there-

Opinion as to Poorhouse Asylums.

fore be paid to the larger masses, and the lunatics are apt to be neglected. In the next place, there is an obvious risk that the keepers of an asylum, if they happen to be a parochial board, will try to get quit of the patients as soon as they can; and it is also their interest to diminish the quantity of food supplied to them. In the parochial asylums the medical attendance is adapted to the general mass of paupers, not to the lunatics in particular. The medical attendance therefore can never be so good; and, generally speaking, the lunatic is much more apt to be neglected than in a separate establishment. It would be far better if parochial boards could arrange that, when a man is found to be a lunatic, some asylum should be bound to receive him.

Recommendation of District Asylums.

I think it is a great evil to send lunatics a great distance from home. District asylums would be a most excellent thing. The Royal Asylum at Gartnavel is, in fact, a district asylum for the whole of the west of Scotland, and the benefits which it confers are immense. It would be very important to have similar asylums at Aberdeen, Inverness, and perhaps Dumfries.

Cases of Insanity from Drinking.

There is one matter, perhaps peculiar to Glasgow, which I wish to bring under your notice. There is a class of people whom we find it very difficult to deal with in practice,—patients who become insane from the effects of excessive drinking. It constantly happens that we have applications at the instance of relatives, who come forward and state that such a person is most dangerous,—that he threatens the lives of his wife and children,—that they cannot live in the house with him. The man, or woman, is probably immediately sent to the asylum; but in ten days or a fortnight they become perfectly sane, in consequence of having been kept sober. They then make the most urgent applications to be liberated, and when you go to visit them, you find them as sane as any person can be. Within forty-eight hours after they are liberated, they drink a bottle, or a bottle and a half, of whisky, and become perfectly mad again. The relatives then come and beg for God's sake to put them in again, or they will all be murdered. These cases are of very frequent occurrence, and it is very difficult for the Sheriff to dispose of them; because, on the one hand, you feel a reluctance to let a person out, who by drinking a bottle of whisky will commit murder the next night; while, on the other hand, we have no authority to keep a man in an asylum who is perfectly sober, and, therefore, perfectly sane. It has struck me that the only probable solution of this question, would be that some power of this sort should be given: that on the fact being certified by medical men, that a person has become insane and dangerous from drinking, the Sheriff should be authorized to confine him for a limited period, say three months, in order, if possible, to break the habit of intoxication. There may be objections to this, that it is an injustice; but at present we are obliged to let out a person who, we know, will be dangerous

Difficulty of Disposing of such Cases.

Recommendation as to their Disposal.

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in forty-eight hours, although he is sane at the moment. In one sense, such a power in the hands of the Sheriff might be said to be a punishment for drunkenness, but it may also be said to be a preservative measure against dangerous consequences to society, arising from the present system. I have more than once thought of making such persons find security; but they get out, and you never hear more of them till some act of violence takes place. I do not know any way of their being at large, and yet under the control of the Sheriff. At Gartnavel, they sometimes give a man leave of absence; but that is a private arrangement. The persons I refer to, get drunk the moment they get out, and the great difficulty lies in this, that they become perfectly sane after a short period of compulsory sobriety.

Suggestions as to Funds.

As I have said, we had great difficulty in making inspections, owing to the Commissioners of Supply; and we were obliged to make them less frequent than I thought was necessary. I think it would be of great importance to have some fund to provide for the proper discharge of the statutory duties in regard to lunatics, irrespectively of the Commissioners of Supply. The statute should specify the number of visitations that are to be made, and they should certainly not be fewer than three or four times a year; and a fund should be provided to defray the necessary expenses. I should say that it would be necessary to have a greater number of inspections for private asylums; but I have had little experience of them. We make no inquiry as to the relation between the accommodation and the sums paid.

Number of Visits to Asylums.

Further Legislative Suggestions.

I think it would be desirable that there should be some personal inspection of lunatics by the Sheriff, before granting a warrant for their commitment; but there would be some difficulty in carrying out this, because the warrant is brought to be signed at all hours.

Warrant for Temporary Confinement.

I have often thought it would be expedient to have a regulation of this kind, that two warrants should be granted, similar to the warrant for commitment for further examination, and the warrant for commitment for trial, in criminal cases; that, on the application of the relatives, accompanied by medical certificates, the patient should be ordered to be taken to an asylum for further examination, and that within the space of a week he should be brought up and personally examined by the Sheriff; or a report might be made to him by the medical attendant and the keeper of the asylum, and, if it were thought proper, the Sheriff might order the party to be brought before him. I can easily conceive the great hardship of bringing people of respectability, ladies and gentlemen, to a public office to be examined as to whether they are lunatics; and, therefore, it would not do to make a regulation for all cases, but it might be highly proper that there should be a commitment for further examination, not to be in force for more than a week. I think that could be done quite easily with the present machinery. In the great majority

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of cases there would be no difficulty; two-thirds of the cases are evidently idiots, and the great majority you can pronounce to be insane whenever you look at them; out of four or five hundred there would only be six or seven cases of doubt. Then, after the first detention for inquiry, the Sheriff might get a certificate from the keeper and the medical attendant of the asylum, stating that the patient was a proper object for detention. The Sheriff would then grant the warrant. At present, lunatics from a distance are brought with certificates from medical men not known to us; here, there would be the security of knowing the medical men, and the Sheriff would have power to go to the asylum, or to order the patient to be brought before him. I wish to notice another matter, and that is, that so far as my experience goes, the tendency, in the treatment of lunatic patients, to abolish personal restraint is carried a great deal too far. I think the substitution of dark rooms for personal restraint is a very great evil. It is a matter of rivalry and of pride for medical men and keepers of asylums to say, We have so many patients, and none of them are under personal restraint. So far as I have seen of these dark rooms, I must say, that I think they are a far greater evil, and a far greater punishment for a person, than if he were made to go about with his hands in a muff, conversing with the other patients and perfectly happy. I always go into the dark rooms at Gartnavel, and I always come out with my mind perfectly penetrated with horror, to think that human beings should be in the state in which they are. Medical men tell you that the dark has a great effect in calming insanity, that the cessation of the action of light on the eye has some effect on the brain, and makes the patient recover more rapidly. But I cannot help thinking that they suffer so much, that they pretend to be better. The great object is to keep them quite dark; and so far do they carry that in some rooms for the higher classes of patients, that they have a kind of shutter drawn up from below; and if the patient is a little violent they draw it up a certain length, and if he is very violent they draw it up altogether. That is not recorded in any book; and it is a great matter of self-congratulation that no patient is under restraint. But I should like to know how many are in dark rooms, and I think a record of that should be kept, even more than a record of personal restraint; because I think it is a great deal worse than personal restraint. The exercise-ground at Gartnavel is not nearly large enough, because I think the great things for a lunatic asylum are pure air, exercise, and employment. The only practical advantage I see, from having poor and rich patients together under the same roof, is that you thereby secure the attendance of a superior class of officers and attendants, and superior accommodation to what you would have in pauper asylums. If they were to be in the same building, I would have an entire separation of the rich and poor. It is an immense object to get

Warrant for Permanent Detention.

Remarks on the Abolition of Restraint.

Evils of Seclusion.

Dark Rooms at Royal Asylum.

No Record of Seclusion.

Such a Record recommended.

Exercise-Ground at Royal Asylum.

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Sir Archibald Alison. 19th Nov. 1855.

Opinion as to Size of Asylums.

Parochial Boards might starve the Patients.

lunatics, especially paupers, placed in large establishments; because if they are in small asylums they are quite sure to be ill taken care of. But if there are 300 or 400 together, you will secure good attendance. I think Scotland could not properly afford more than four or five such establishments. I think it would be a great improvement if the lunatic asylums of parochial boards were district asylums—the parochial boards having nothing to do with them except to pay for their patients. There is a great danger of these boards starving their patients or reducing them to a low ebb; for we know that a Lord Chancellor has told us a board has no conscience, while the keeper of a private asylum may have some conscience, and, therefore, keep the patients better.

15. Dr. John Coates, Fellow of the Faculty of Physicians and Surgeons in Glasgow.—Sworn and Examined.

Dr. John Coates. 19th Nov. 1855.

Medical Inspectors in Lanarkshire.

I am appointed by the Faculty of Physicians and Surgeons in Glasgow to accompany the Sheriff in his visitations of lunatic asylums. There are four appointed,—one every year, and one goes out every year. We are informed as to the time of the visit by a note, saying that "the Sheriff visits to-morrow, (or on "some other early date,) and you are expected to accompany "him." We have no instructions as to our duty. I have never visited except when accompanying the Sheriff; but, on one occasion, when a complaint was made by the inspectors of want of room in Langdale asylum, there was a remit from Sheriff Veitch to visit and report. Before a house is licensed, I have never been asked to inspect it; but, I believe, that has been the custom. There have been no new houses licensed since I came into office.

Duty of Inspectors.

Licensing of New Houses.

Nature of Inspection.

Our duties are limited to accompanying the Sheriff. On these occasions, we see every patient, and look to the state of the house. A minute is made of what we have seen, and an expression of opinion is given as to the arrangements. We examine the clothing of the patients, and make inquiry about the diet; on the latter point, we just take the word of the parties; we have no personal examination or knowledge, except we happen to visit at the dinner hour, which occasionally happens. We examine the bedding, and make inquiries as to the means of cleanliness, washing, and bathing. We see that the ventilation is sufficient.

Cubic Space allowed each Patient.

We have fixed a minimum of 800 cubic feet for each patient: that rule extends to Bothwell. We complained of the ventilation there, and now it is up to that standard. I think wherever a patient is allowed to sleep, there are 800 cubic feet of air; at least, such is the instruction. In a particular instance, where there were about 700 feet, it was perhaps tolerated. We have no means of knowing whether there is sufficient fire, clothing, &c., except from what we see. I think three visits are made to each

Number of Visits made by Inspectors.

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Dr. John Coates. 19th Nov. 1855.

asylum in the course of the year. I don't think that can give sufficient security for the comfort of the patients being attended to. We visit several houses in one day,—not the whole of them. Our arrangement has been to visit Gartnavel and Springbank in one day; the Town's Hospital,* Barony, Garngad, and Blackfaulds on another day; and Bothwell by itself. We have no power except to express an opinion to the Sheriff, in reference to anything which we may think defective; and the Sheriff has the power of shutting up the asylum if his orders are not carried out. We see that the Weekly Register and the Admission Book are properly kept. There is also a book for entries of restraint, but there are few entries in it. I don't recollect examining any record of seclusion in dark rooms. Except the verbal report of the party in attendance, as to cases of seclusion, we know nothing; I think that is open to objection. In certain cases, seclusion may be necessary; but the abuse of it ought to be guarded against as carefully as the abuse of mechanical restraint. The present mode of recording it is certainly imperfect; but there may be a record of it which we have not seen. I have not personally examined any record of cases of restraint or seclusion. We have, generally, inquired why a patient was secluded, and how long the seclusion had lasted. We have seen it at Gartnavel more than anywhere else. Women are, perhaps, more frequently secluded than men. I cannot say whether that arises from deficiency of exercise.

Order of Visits.

Powers of Inspectors.

Examination of Records.

Records of Seclusion and Restraint.

Amount of Seclusion at Royal Asylum.

I think there is no medical attendant at Langdale except Dr. Muirhead. At Garngad, Dr. Macfarlane is nominally medical man, in addition to Dr. Hill. I believe there is a young man practising in Bothwell—a relation of Dr. Muirhead's, but I am not aware that he visits Langdale professionally. When we visited Dr. Muirhead's, we did so generally in the middle of the day. In the dormitories there seemed to be the usual number of chamber-pots. I have not noticed them in every case, but I have observed that there were some. I have not seen tubs in the middle of the floor; and I never heard of tubs being put down in the night-time. We certainly labour under a disadvantage in visiting during the day, when everything is in order; but we only visit when requested to do so. It has been arranged with the Sheriff, at the suggestion of the medical inspectors, to make the next visit to Langdale in the evening. Still the Sheriff has the *power* of fixing the day and hour of visit. We visit at pretty regular intervals, so that, possibly, there may be an expectation as to the time of our arrival. But once I visited Dr. Muirhead's twice within a fortnight; I did so at the request of Sir Archibald Alison. Most of the visits to that house had been made by Sheriff Veitch, and Sheriff Alison wished to visit it himself. There is a minute of our visits made by the clerk in a book, and

Langdale Asylum:

Hour of visiting.

Period of visiting.

Minutes of Visits.

* Glasgow City Workhouse.

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Dr. John Coates. 15th Nov. 1855.

copied into the asylum book. I make no other report. In that minute we make suggestions if we find anything amiss. We cannot know if these are carried into effect till we make our next visit. Perhaps other two medical gentlemen make the next visit, and they may not follow out the suggestions made by the former visitors.

Opinion as to Langdale and Springbank.

I don't like the mode of conducting Langdale and Springbank. I think there is a tendency to economise, a want of amusement and occupation, and a want of proper attendance, especially at Dr. Muirhead's. We were furnished with a list of attendants, but it included male servants employed about the grounds, female servants engaged in washing, cooking, &c., and who could not properly be regarded as attendants on the patients; making up an apparently large number. I don't know whether any of the patients were sleeping in the out-buildings. I have no means of knowing if it is a paying concern; but it looks thriving, for I see he has been making additions lately. He has got land—I don't know to what extent—and he cultivates it by means of his pauper patients.

Use of present Inspections.

I think our medical inspections afford sufficient security that a person shall not be improperly detained. We see every patient, and the Sheriff generally listens to every statement made. I don't think that, in other respects, our visits, amount to almost anything more than a kind of check. They are not sufficient, in my opinion.

Comparison of Public and Private Asylums.

Barony Poor-House.

The public asylum at Gartnavel is undoubtedly better than the private asylums—much better than the lunatic wards of the poorhouse. I believe there is not much difference between private asylums and the poorhouse, but I give a decided preference over both to public asylums. The Barony poorhouse, especially, is not well adapted for lunatics, and last visit we made, we had to complain of want of room and want of heat in the hospital, where one or two sick persons were; the beds too are very narrow—not

Cause of High Mortality there.

above 24 inches broad, and with no protection. Our attention was called some time ago to the high mortality there. It is very difficult to account for the variations in the mortality in one year and another; much, I think, depends on the class of patients. I was not in attendance on the asylum in the year referred to by Sir A. Alison.

Evils of Rotation of Medical Inspectors.

The system of rotation among the medical men is bad. When a man becomes acquainted with a house he is changed, and some other person succeeds him. I think the medical inspectors ought not to go out of office every four years, just, perhaps, as they have got familiarized with their duties; and moreover, in my opinion, the same two inspectors ought regularly to visit the same houses; otherwise an order or suggestion, made by them at their visit, may not be followed up by their successors at next inspection. I saw an order entered in the books of Langdale by Sheriff Veitch, to the

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Dr. John Coates. 19th Nov. 1855.

Blackfaulds Asylum.

effect that no patient should go beyond the bounds of the asylum, even when attended by keepers. I don't agree with that; because, I think, it is an advantage to patients, in some cases, and under proper surveillance, to walk beyond the bounds. At Blackfaulds there are only a few imbeciles. So far as I have seen, they were clean. At the last visit I made with Sheriff Steele, we asked the lady how much the patients paid; she seemed unwilling to answer the question, and it was not pressed. I think it desirable that the Sheriff and the medical men should know what is paid. At this asylum the patients could go out upon the railway without any obstruction; that is certainly not safe. I think the single sleeping-rooms at Langdale have been measured. I don't recollect the kind of bedding given there.

Beneficial Results of Inspection.

Although I think the visits of the Sheriff and medical inspectors inefficient, and not what they ought to be, still they are a wholesome check against abuses of all kinds, and they have been of great use in preventing over-crowding, and providing for the comforts of the patients in a variety of ways, as a reference to the minutes will shew. We have no power of fixing the day or the hour on which they shall take place.

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Dr. William Malcom. 19th Nov. 1855.

Medical Attendant of General Prison at Perth.

4.* Dr. Malcom, Physician of Murray's Royal Asylum for Lunatics, Perth.—Sworn, and Examination continued from p. 283.

I am medical attendant of the General Prison for Scotland at Perth. I have held that office since 1842; I visit daily. The length of my visit depends on circumstances; sometimes it is half an hour, sometimes it is two hours and a half. I visit the lunatic wards at the same time; I don't visit them every day; there is no resident medical man.

Lunatic Wards of Prison.

Number of Patients therein.

The lunatic wards are in a separate building from the rest of the prison. There are separate wards for males and females; they were opened in October 1846. I believe the chartered asylums declined to receive lunatic prisoners. There are 29 patients in the lunatic wards just now. Some of these have become lunatics in the General Prison, and some have come to us lunatics; they have principally been sent lunatic to us. There have been 93 lunatics in the lunatic wards since they were opened; of these, 19 were found insane in bar of trial; 13 were found to have been insane when the crime was committed; 25 became insane in the General Prison; and 36 were brought to us as lunatics from local prisons.

Influence of Prison Discipline in producing Insanity or Imbecility.

I don't think the discipline of the General Prison has any influence in producing insanity. I have full liberty from the Directors of the General Board of Prisons, when I see a prisoner breaking down from solitary confinement, to couple him up, or to put him in the imbecile ward. There have not been many coupled up since I got the imbecile ward; in that ward there are

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Dr. William Malcom. 19th Nov. 1855.

10 or 12 imbeciles, and 4 epileptics. These imbeciles have not become so in prison; some gave way under their sentence in other prisons, and some were naturally imbecile or weak-minded. There was a prisoner from Fife, a baker, who had been in a respectable situation in life. When he came to prison his mind broke down; I sent him into association, and at the end of a week or two, the man got quite well.

Imbecile Ward.

The imbecile improvement ward is very defective; it is like our old jails, dark and gloomy. Indeed, I do not consider the lower ward to be altogether wholesome; I keep the patients in the upper floor entirely. There is also an imbecile ward in the new wing of the General Prison, for convicts; there are 8 in it at present. I cannot say whether all the criminal lunatics of Scotland are in the Perth General Prison, or whether all who become insane in prisons are sent there.

Procedure on a Prisoner becoming Insane.

When a prisoner becomes insane in the General Prison, I communicate with the General Board, and I get their sanction for sending him to the lunatic wing. If the case is very outrageous and urgent, I send him to the lunatic wing, and then inform the Board that I have done so. The least aberration of mind is reported to me, and I immediately converse with the party, and form my judgment of the case.

Means of Treatment: Airing Courts.

Occupations.

Management of violent Patients.

Two Patients permanently restrained.

We have plenty of exercising ground in the lunatic wing; two very good large yards. There is not much occupation for the patients. There has never been any accident among them from violence. Those likely to commit violence sleep in a room by themselves; and, where there is any fear of their doing injury, they are coerced. There are two constantly coerced at present. One of them murdered two persons, and threatened the life of one of the Directors. He is a very powerful man; a perfect Hercules, and the warders are afraid of him. The other is an idiot from a neighbouring parish, who was at one time in Murray's Asylum. He was taken out by the inspector of poor, in order to put in another patient. He wandered to Aberdeen, and was taken up by the authorities, and placed in the Asylum there. The inspector again interfered, and sent him to board with some poor cottager. One day, while walking on the road, he seized a child by the legs, and dashed its brains out against a tree. He tries to strike everybody that passes him. We use for him a wrist-band and a belt. I mark down the coercion used in my own private book, and also in the Public Register. Coercion is seldom used; I rather put the person in a dark and solitary room.

Seclusion.

Visits by Authorities to the Lunatic Wards.

The Sheriff of the county and the Directors visit the lunatic wards; the Directors are the parties I look to; two of them visit every month, and sometimes oftener, and they make a report regularly. They visit the whole prison, lunatic, juvenile, and imbecile wards. The lunatics receive a somewhat better diet than the ordinary prisoners; and any of them, having friends

Diet of Lunatics.

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Dr. William Malcom. 19th Nov. 1855.

who may send money or extra food, such as preserves, &c., are allowed to get it. As to furniture, no difference is made, except in the case of one patient, who has a better sort of bed. Their friends are allowed to visit them; they are almost all from a distance. I consider the treatment, on the whole, conducive to the recovery of the patients.

Procedure on Recovery of Patients.

On the recovery of a patient I mention it to the visiting Directors, or communicate it to the Board. If they deem it proper, they send two other medical men along with me to inspect the party, and on our conjoint opinion, that recovery has taken place, the report is sent to the proper authorities. Among those recovered, I would mention G. L. S., found insane by the verdict of a jury; I consider him to be sane. There is a woman who committed murder in a state of drunkenness, or delirium tremens; she is a very violent-tempered woman. I do not think it would be safe to let her out. There is another woman, M'C——, whom I reported cured; she is a convict, and would be merely transferred to another wing of the prison. G. L. S. has applied for his liberation, and is now getting certificates from medical men in proof of his sanity.

Powers of Medical Attendant.

I have the same position in the lunatic ward as in the rest of the prison. I order diet for the inmates, different from that given to the other prisoners, if I deem it proper to do so. I have the entire power, under the Board, over the insane patients.

Records.

There is a record kept of their admission into the lunatic ward, and of their discharge; I keep a record of the cases; there is also a record of the date of any removal to the imbecile ward.

Juvenile Ward.

There is a juvenile ward; all the juveniles are associated together. They get their lessons together, are drilled in the open air, and go to the chapel together. There is one instance just now of a juvenile becoming weak-minded; I have sent him to the imbecile ward. There are two boys in that ward who came in imbecile.

Influence of Discipline on Juveniles.

The juvenile prisoners have not manifested a greater tendency to become weak-minded than adult prisoners. When the prison was first established, and the prisoners were all shut up separately, I communicated with the Board, stating my opinion that that kind of imprisonment did not do with young people. They had the natural fears of childhood, and were frightened to be in a room alone; their minds gave way, and I had to double them up very often. The juvenile ward has been open 7 or 8 years, and the result has been excellent; the prison arrangements are sufficient to prevent any harm to their minds from the separate system. Since the juvenile ward was opened, there has been no stiffness of limbs among the juveniles. We get them from other prisons stiff, and in a few weeks they are as supple as possible.

Association of Patients.

I don't see any objection to associating lunatic murderers with patients who have committed other crimes. Few of them know

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very well what they are charged with, and are unconscious of having committed any crime. For instance, there is W. J., who murdered his brother, and who says that he is still alive; and A. S., who murdered a man, says this person is alive and now keeps a shop in St Andrews. The only exception I have known to this delusion, was P. C., who killed his aunt and his mother. I do not think any thing could be done to improve the lunatic wards; but were a new building to be erected, I would recommend it to be made different from the present one, as we have not the means of classification. I have three seclusion-rooms and two padded rooms, besides dormitories and day-rooms, in the lunatic wing. There is a matron, and a servant-maid, for the female lunatics, and there are four keepers for the men. I don't think there is much practical danger from the sane and the insane being mixed together; the only time that I consider there was any danger, was when four men were brought from Glasgow, with certificates of insanity; but I had good reason to believe, from observation and information, that they were simulating the disease. I wrote accordingly to the Board, stating that I thought so, and that it was dangerous for these men to be among lunatics, as they might combine to do some mischief. The Board instructed me to examine them with two other medical men. We did so, and reported our joint opinion to the Board, and the men were sent back to Glasgow. We are pretty secure from danger from sane and insane people mixing; for if a plot were laid to attack any one, the lunatics would come and disclose it to us. I believe the lunatics are as well cared for in the lunatic wards of the General Prison as in any public asylum.

Lunatic Wards do not afford the Means of Classification.

Accommodation in the Lunatic Wing.

Attendants.

Association of Sane and Insane Prisoners.

Royal Perth Asylum.

Resident Medical Officer.

His Duties.

I am also physician to the Perth Asylum, and am bound to visit there three times a-week; but if there is anything urgent I visit it oftener, sometimes daily. The resident medical man is nominated by the directors, who were kind enough to ask my opinion on the subject of the appointment. He takes the management of the house, makes up the prescriptions for the patients, and sees that they are attended to. I consider him perfectly competent to manage the house. He would tell me if he made any change in the treatment of a patient. There is nothing like control on my part over him; but if I see anything different from what I wish it to be, I say so, and the thing is altered.

Removal of Patients to Musselburgh.

Present Number of Patients.

Rate of Payment for Paupers.

There is plenty of room in the Asylum. We have not refused any applications for admission lately. A great many patients were taken away to Musselburgh some time ago, and we have not been obliged to refuse any applications for admission since that time. We have 138 patients at present. The rate of payment has not been reduced since the patients left for Musselburgh,—I rather think we have raised it. We charge £24 a-year, providing every thing,—that is a fair charge. The directors have no

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Dr William Malcom. 19th Nov. 1855.

wish to make money, and would derive no benefit from doing so. The £24 will not pay for clothing, and bedding, and everything; and it is the better class of patients which enables the Directors to keep others at a cheaper rate. In England, where pauper patients only are kept, that rate would not pay; they cost there 11s. and 12s. per week. We could not keep patients at £24, but for the better class of patients. We bought a considerable quantity of land; there are about 54 acres; 12 acres are used by the patients; 42 are not. Part of this land was bought to be tilled by the patients, but it was found so expensive and unproductive that it was let as a farm. On another part of the property there is a mansion-house which was intended to be occupied by the better class of patients, but it has not been so used. For £250, patients would have got first-class accommodation in it. We could not have afforded it for less, considering the way in which that class of patients is kept, and the cost of attendance, &c. The house would accommodate four or five patients. We paid upwards of £5000 for it and the grounds, and we let it for £100 from year to year, with seven acres of land.

Rates insufficient to cover Expenses.

Extent of Land.

Land mostly let.

When the patients were employed on the farm, they lived in the Asylum; the farm, while we had it in our own hands, did not answer; my opinion is that there was bad management. I think the person who took the management did not understand what he was doing. The patients were taken down by the attendants, who worked with them and looked after them; the working was confined to the pauper patients; they were sufficient in number to work the ground; they did as much as we thought they were able for.

Experiment with Farm.

The rate of payment for the best accommodation in the Asylum is from £200 to £250 a year. We have not been full for two or three years with first-class patients; they have died out, or gone away cured. I consider it better to have the rooms vacant, than to have patients at a rate which would not remunerate us. If four or five persons were to have a saloon together, that might modify the cost. We have no patients of the first class now.

Patients at highest Rates.

The matron looks after the management of the house; the housekeeper looks after the provisions, and makes the purchases. There is a committee of eight Directors, who meet weekly. We have looked very closely to the management of the house of late, and now get everything by contract. There is no doubt that there was a good deal of peculation going on at one time; the principal keeper was detected in carrying away stores to a considerable extent, and also coals. These things were taken from the stores of the house; the patients did not suffer; the house suffered. We have not ascertained the amount lost by peculation; the people we examined would not speak out, the party having been a long time in the house. We do not know how long it had been going on.

Management of the House.

Peculation.

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Dr. William Malcom. 19th Nov. 1855.

Alteration of Pauper Rates of Payment.

We have a Diet Table. Patients of the first class could not be admitted for less than the sum I have stated, considering the way they are kept with us. These patients belong to a high class of society, and don't like to be restricted or curtailed. The £24 paid for paupers include clothing and all expenses; there is no charge for the warrant; formerly the payment was 7s. a week for pauper patients, and clothes were provided for them by their parishes; but as the patients often tore their clothes, this was a very expensive item, and the parishes constantly grumbled at it.

Cause of the Alteration.

It was, therefore, thought better to make one charge to include clothing, bedding, &c.; 10s. a year was formerly charged for bedding, but all is now included in one payment, which is cheaper for the parish. This change was made in October 1854. It was after the removal of the paupers to Musselburgh that this change in the rate was made. They were removed by the inspector of poor for Perth, because the rate was raised. Formerly, patients from the parishes of Perth, Dunbarney, and Rhynd, were received at 6s. a week, and all others at 7s. We got an opinion of counsel that we were not empowered, under the charter, to take Perth pauper patients at a lower rate than pauper patients from other parishes; and that the meaning of the charter was, that the directors might take at a lower rate patients who were not paupers, but whose friends could not conveniently pay for them. The paupers of Perth were formerly charged £15, 13s. per annum; but, in consequence of that opinion, the charge was raised to £20. They were then removed to Musselburgh. We got a patient the other day from the parish of Perth; I don't know why he was not sent to Musselburgh. There is a poor-house in Perth, but it has no accommodation for lunatics; I cannot say whether the Perth paupers were sent to Musselburgh under a Sheriff's warrant.

Previous Alteration of Pauper Rate. Increased Charge.

Cause of the Increase.

Consequent Removal of Patients to Musselburgh.

Debt of Asylum.

There is a considerable debt on the Asylum, arising from the purchase of land. The present rent of the land does not pay the interest of the purchase money. We paid £7000 for it, and it is let for £130. It was purchased with the intention of employing the patients in cultivating it. There is a financial committee who make annual reports to the Directors. These reports are printed.

Advantages and Disadvantages of Combined Asylums.

I think it is an advantage to have pauper patients and the better class of patients in the same establishment; but if the establishment was large it would be better to have them separate. Where an establishment is not large, it is more economical to have them together. There is no tendency to neglect the pauper patients. The attendance on them is fully as good as on the private patients. The officers of the Institution derive no immediate benefit from any class of patients; the pauper is the same to me as the first-class patient; my remuneration does not depend on the number or social position of the patients.

Confinement of Persons not Lunatics.

I think there is quite sufficient security against the confine-

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ment or detention of persons who are not lunatics. In the course of 30 years, I have known only two persons to have been brought improperly to the Asylum as lunatics, and who were not so. One was a woman in a respectable position in life, who, from domestic differences, had quarrelled with her husband, and used violent language to him and others. She was not insane, and I intimated to her friends the necessity of her being removed, and she was removed. The other was a woman in whom the delirium of typhus fever had been mistaken for insanity, and she died of fever. I consider it might be beneficial to appoint a medical inspector for asylums in Scotland. I always accompanied the Sheriff on his visits to the Asylum. It never occurred to me that it was objectionable for the Sheriff to take me to visit my own Asylum. I believe his reason for doing so is, that I am better able than others to give him information respecting the patients.

Sheriff's Visits to Asylum.

Rate of Payment in Accordance with Means of Patient.

Gratis Patients.

I believe there are patients who could afford to pay a higher rate of payment than they are at present doing, and whose state of mind would enable them to enjoy better accommodation ; but on this subject I speak only from hearsay. I think the property of lunatics is sufficiently protected by the law of the land and practice. The Directors can admit patients gratis if they please. There was, for instance, the case of a man who occupied a respectable position in Perth, and who left a large family. One of them was insane, and the others were not able to pay for her; she was received gratis. The Directors can take in patients from Perth, at any rate of payment they please.

Complaints by Relatives of Removal of Patients to Musselburgh.

I think it a decided disadvantage to have pauper lunatics too far away from their friends. I have, very frequently, had visits from the relations of the paupers taken to Musselburgh, begging that I would try and get them brought back to Perth. One old woman says that she has an only son there, and she begs for God's sake that I would get him brought back to Perth. She says she cannot go to Musselburgh, and that if he is not brought back, she will never see him again. I have been written to repeatedly about getting these paupers back, and a strong feeling exists on the subject. I get messages, too, from the poor people at Musselburgh, hoping that I will get them back. These messages come through their relations, who go to visit them. They pay their own expenses on these visits. I have never received any letters from the paupers at Musselburgh, and some of them can write very well ; I think they would write me if they had the means. I am told there is a man from Perth, named W., constantly kept in restraint. I don't think he was restrained in Perth. Also a man named S., who left Perth Asylum several years ago; and who was restrained here, as being much addicted to masturbation, which was the cause of his insanity.

I don't know any parties living in private houses as nervous

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Evils of Want of District Asylums.

patients who are really lunatics; but I have had occasion to say to persons, who have called me to visit weak-minded persons in their houses, that they should procure a license to authorize them to keep them. They say it is only nervousness. The want of district asylums in the North and West must increase the number of lunatics, as there are no means of effecting a cure.

Tuesday, 20th November.

Mr. Robert Thomson. 20th Nov. 1855.

16. Mr. Robert Thomson.—Sworn and Examined.

Hillend Asylum.

I am proprietor of Hillend asylum. I am not married; but two sisters act in different departments of the house—one as matron. I have had the charge since my father's death in 1853. My father had the asylum from 1827; the property belongs to me.

Medical Attendant.

Dr. Mackie takes the medical charge of the patients. My brother takes charge in the house; he is always there. He is medical attendant in the house. He has not passed as surgeon, but he has been in the Infirmary for some years; Dr. Mackie visits every second day.

Responsibility of Proprietor.

I consider myself responsible for providing suitable accommodation for the patients, and also for seeing that there is sufficient space in the day and sleeping-rooms; for their clothing and bedding; their diet; and for their general care and treatment. My brother takes the medical treatment; but such things as seeing that the patients have exercise, and are provided with means of occupation and amusement, these would fall on me.

Number of Patients in House.

There are 69 patients in the house just now; we used to have somewhere about 90, but the Greenock people took theirs away. We never had more than 103; but when we had that number we always tried to reduce them as soon as we could. I think for a period of about two years we had 103; in February last they were reduced. For two years previous to February there were 100—sometimes more and sometimes less.

Districts to which Patients belong.

The pauper patients come chiefly from the West Highlands and Ayrshire. There are not many from the West Highlands—I think only about a dozen, and these we have got recently. They are from Portree, Inverness-shire, and Campbelton.

Visits by Friends.

Their friends come to visit them; these friends are working perhaps in Glasgow or Greenock. There is never a week but some of their relations come; I don't require an order from the inspector of poor before the relations are admitted. I allow them to write to their friends, and supply them with paper. In cases of illness, I immediately communicate with their relatives, whose addresses we always get from the first who calls, or from the inspector. We would write to the inspector for their addresses. In case of death we would write to the relatives themselves.

Case of T. M'C.

I remember a patient named T. M'C.; he has been in the house since the 24th of April; I do not remember when he was

admitted, but I saw him soon afterwards. His right arm was in a dreadful state: there was a deep open sore round it, and there was a slough in the sore. He has partially lost the use of the arm, but I think he is beginning to be able to use it better; but he does not yet use it freely. It was produced by the ropes with which he had been tied. He was tied when he came to Hillend. I did not see him tied, but I was told of it. That is the general way the patients are brought from the Highlands—with a kind of string or rope round the arm; I could not say by whom he was fastened in that way. He came from Girvan; I don't know who came with him; I was not in the house when he was brought; I saw him next day, I think. He was unbound immediately when he came in at the door. He was quiet, and has remained quiet ever since. I don't think he has been violent. He is an epileptic patient. I don't know whether Scott, the inspector, came with him. The inspector does not generally come, but an assistant comes sometimes.

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Wound from Ligatures with which T. M'C. was bound.

I could not tell how many male patients we have sleeping two in a bed at present. If the Commissioners found 12 in that way, on the 15th of September, I think that would be correct. There are no men sleeping three in a bed; I don't know how many are sleeping two in a bed. If any are sleeping three in a bed, it is without my knowledge. I believe, on the 15th September, three women were sleeping in one bed; but I don't know how that was, for there were other beds unoccupied down stairs, in a room in the front. I am almost sure of that. The bedding mostly consists of straw for dirty patients, with a sheet and blankets—two blankets and a thick cover in winter, and two blankets and a thin cover in summer. All the coverlets seen on the beds in the day-time are left on at night; the outside cover is not taken off at night. The patients are provided with sheets. The men have gutta percha chamber-utensils—the women have common willow chamber-pots. Their body linen is changed once a week; a clean shirt, and clean flannels, and clean clothes are given every week; the women have a clean shift every week. In most cases I undertake to supply the clothing and bedding; we either do it or not as the inspector of poor likes. The general practice now is to supply the clothing; that is a recent arrangement, for the majority of patients now in the house. In all cases we supply bedding, whether we give the clothing or not. All the patients have shoes and stockings; none are barefooted. This is the time they get shoes and stockings. In summer, it is impossible to get them to keep on their stockings; they won't wear them. The men are provided with flannel shirts and drawers at present. £22 are paid for paupers, when the clothing is supplied; and £18, 10s., with 10s. 6d. half-yearly for doctor's fee,=£19, 11s., when the

Double Beds.

Three Patients in one Bed.

Bedding.

Clean Linen.

Supply of Clothing and Bedding.

Rate of Payment for Pauper Patients.

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clothing is not supplied. When the clothing is supplied we put down a sum to include all charges. I don't bear the expense of conveying the patients to the asylum; there is no such arrangement; the inspectors pay for the license.

Patients of dirty Habits.

I could not say how many patients of dirty habits we have. We have a good number just now; more than the usual proportion, owing to the Greenock people having taken away their patients. The Greenock patients were mostly recent cases—strong-bodied men. I should say half of our pauper patients are of dirty habits at night. I think we have now about 29 male paupers; and nearly one-half of these are dirty. They are cleaned in the bath-room generally. They are easily got into the bath-room, though the passage is rather narrow. There is no struggling. In cases where there is struggling, a tub is used. Their faces and hands are washed in the tub. Those patients that are of dirty habits are often washed in a tub in the day-room with warm water. A flannel cloth is used for cleaning them. They were never washed with a mop. The general pactice is to wash them in a tub, unless when they are dreadfully dirty. They are almost always washed in a tub. They are never washed in the open air. Every third day is a shaving and general washing day; but their faces and hands are washed every day; and they are cleaned as often during the day as is necessary. The same is done with the women. My sister acts as matron. We fix the days the washing is to be done, and the clean clothes given. Patients dirty in their persons could not remain so for two days. Every dirty patient is washed every morning, and more than once during the day. We have a pretty good supply of water. We have a good spring and the river. There is a pipe from the boiler to the bath-room; we have, in that way, warm water. There is a pretty good supply of towelling. We look particularly to the cleaning of the patients.

Means of Cleanliness.

State of the Bedding.

I am responsible for the bedding, and if it were out of order and dirty I would be to blame. I am responsible for the whole patients, women and all. I have examined them at night. I go through the place every day, and satisfy myself that the bedding is clean and in good order. The coverlet on the top of the bed is not taken off at night; the servants might do it from laziness; I could not say for certain they did not do so after I went to bed; I would not swear that it is not taken off. It is probable the covers may be taken off, but only from the dirty patients.

State of male Patients of dirty Habits through the Night.

The body-linen is taken off several of the patients before they go to bed. I could not say in how many cases among the males this is done; to the greater part of the dirty patients it is done. The shirts are brought into the day-room. About half of the dirty patients sleep naked at night. I don't think any of those sleeping without their body-linen sleep together in the same bed.

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Cases of A. B. and C. D.

A. B. sleeps in the front room. I could not say where he slept on the 15th September; it might have been in a back room. He was removed to the front room a few days ago. In all probability he slept in a back room on the 15th September. I could not say where C. D. slept. I don't know that he slept with A. B. He might have done so. These patients slept on a straw bed,—on loose straw. I don't remember where W. G. slept. I don't think he has been removed lately. I cannot deny that A. B. and C. D. slept on loose straw naked in bed together on the 15th of September. I cannot say that is not a fact. A. B. was a dancing-master. C. D., I believe, was an indigo planter, an educated man. I don't think any of the others slept together. I could not say that these were the only two that slept together. I don't know how many of the dirty patients slept together. My brother has the management of that department, although I would consider myself responsible. I daresay half of the dirty patients would sleep naked,—seven would, therefore, sleep with others. I cannot say that more did not sleep together in a state of nudity. I do not arrange how the patients are to sleep. I did not mean to say that I know how they sleep, but I consider myself responsible. I could not say when A. B. was removed to the front room; it would be two or three days ago; it might be two days ago. My brother ordered his removal —I cannot say why. He did not state to me any reason why he thought it desirable to remove him. Supposing that A. B. and C. D. slept together in that way, I could not say how long that had gone on. I could not say whether it had been for three or four months. I can scarcely say whether I think that a proper mode of treatment; not if they could be otherwise treated, I should say. It is desirable to place patients, as nearly as possible, in their former position in life, so far as regards treatment in an asylum. That is very desirable as a matter of treatment.

They slept naked together on loose Straw.

Their former Position in Society.

Opinion as to their Treatment.

I could not say how many women patients there are of dirty habits. I think there are about six. I don't how many of these sleep without their body-linen at night. I don't know whether J. C. sleeps in a state of nudity. I am not aware that on the 15th September, J. C., E. M., and A. G. slept perfectly naked in the same bed. I heard that such had been the case. I heard for the first time on the 2d October, that they had been in the habit of sleeping together perfectly naked in the same bed. I had been from home. I am once a year from home. I did not hear how long they had slept in that way. The nurse Catherine Lamont was there on the 2d October. She is not there now. She left of her own accord. She is in Greenock, I think. She was from the Highlands. I did not ask her how long they had slept together; I asked my brother. He had asked her, and she said she did not know. J. C. had been in the house since 1849, and E. M. since 1852. They were patients of confirmed dirty habits from the date of their admission. I

Females of dirty Habits.

Their Condition through the Night.

Cases of J. C., E. M., and A. G., three Women placed to sleep naked in the same Bed.

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don't know whether they had slept together for a considerable time. A. G. was admitted in September 1854. I am not aware that from the time she came in, she was placed with J. C. and E. M. in the same bed, and that she has slept there ever since. That might be, without my knowledge. I don't think it is probable; but I never asked Catherine Lamont. I don't know at all whether it was so. I cannot deny it, if the Commissioners were informed that it was so. I never go into the rooms at night. My brother generally asks the nurse how the women are kept, and I speak to him. I have told him they were not to sleep three in a bed. Dr. Mackie and he arrange how they are to sleep. We spoke on this matter at the very first, in 1853, and I told him to carry on as my father did. I don't take much active charge of that department.

Amount of Bedding.

I look after the providing of things for the house, and keep the accounts and the books. In order to provide bedding and clothing, I have to take the stock that exists in the asylum. I am certain there was enough of bedding last winter for all the patients. I believe there were two blankets on each bed. I cannot swear that there were. I have said that I was responsible for providing suitable accommodation, sufficient space, clothing, bedding, diet, means of exercise and occupation for the patients, and, in fact, for their general treatment. But I rarely go into the wards to look after these things. J. C., I think, was a servant before she was admitted; E. M., I think, was the same; and A. G. washed shops and did things of that sort. There might be other women patients placed to sleep naked together without my knowledge. I did not know of these. They might have been made to sleep in that way for a very considerable time. None of them have ever suffered from excoriations or bed-sores. I never heard that any of them had suffered. I am quite positive as to that: but they might have had them without my knowing.

Condition in Life of three Women who slept naked together.

Excoriations.

Bedding of Patients of dirty Habits.

The straw on which these dirty patients sleep is changed every morning; the dirty part is taken away. I cannot speak positively to this; I do not see it done. I think a sufficient quantity of straw is supplied. There is a quantity of straw got, and it is put in the bed-steads. I don't look to see that this is done. I cannot account for there being a scanty supply on the Commissioners' visits, or for its being in a wet and offensive state, or for the circumstance of pieces of rag and refuse being mixed up with it. That would lead to the supposition that the supply was small and not often renewed.

State of Bed-frames.

Loose Straw Beds.

The bed-frames are made of wood, and the lower part of spars of wood. The loose straw is cast on these spars, without anything intermediate. Therefore, if a small quantity only were put on, the bed must necessarily be very hard and uncomfortable. I am aware that some of these bed-frames are old; I am not aware of any of them being broken; I am not aware that loose pieces

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of wood have been fixed over the places where the spars were broken, to prevent the escape of the straw. J. M. has been in the house since December 1853. She is a patient, I believe, of confirmed dirty habits, and I think has been so ever since she was admitted into the house. Mrs. M'G. was admitted on the 14th September 1855; I don't know where she was placed to sleep; she might have been placed to sleep with J. M., that patient of confirmed dirty habits, without my knowledge. I don't know whether she was placed to sleep with her; if the nurse said that this was done, there is no reason to doubt it. I think there was a spare bed for her at that time; I am almost sure of that. I don't know that Mrs. M'G. was considered to be of dirty habits; in fact, I don't know much about these patients. The bed-coverlets are washed in the washing-house, and dried in the laundry. There is no drying apparatus, but there are strong fires. On the 15th September, a wet day, bed-clothes might be hanging in the open air, but there was stock enough to supply the patients. Placing patients to sleep in one bed necessarily decreases the supply of coverlets required. I suppose it saves trouble to the servants. The nurses might place them together without my knowledge. I never gave orders that they should not be placed two in a bed; I believe my brother gave orders that they should not be placed three in a bed. It is not to save expense that this is done. I have never done anything to save expense; but it is a fact that the same amount of covering serves three and two. There is no doubt that two and three patients sleeping in one bed, on loose straw, saves trouble in removing the dirty straw and supplying fresh. In winter three patients might be placed together for the sake of warmth; if they are placed together they need less covering. I generally ask what clothing or blankets are required, and supply what my sister and my servant ask for. When we had upwards of 100 patients in the house, they slept two and two. We have now 69. On the 15th September we had 70. On the 15th September, 12 men patients slept in double beds, 6 women patients in double beds, and one bed contained 3 women, that is 20 double beds; that might be true. There were 50 beds for 70 patients.

Case recently admitted placed to sleep with a Patient of confirmed dirty Habits.

Means of washing Bedding and Clothes.

Placing three Patients in one Bed saves Trouble and Coverings.

Comparative Number of Beds and Patients.

Question.—How did you accommodate the 103 patients when you had them?

Answer.—We had at one time beds in the sitting-room, when we were throng. I am not aware that any of the patients slept on the floor; they might have done so without my knowledge. The bedsteads then used are in the lumber-room. I could not say whether many of them slept three in a bed. I don't think we have 16 additional bedsteads in the lumber-room. Some must have slept three in a bed, or on the floor. I don't think we have 16 bedsteads additional now; nor were there then.

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Measurement of Rooms by Medical Inspector.

The bed-rooms were measured by Dr. Thomson some time ago as to space. Dr. Thomson was the doctor who inspected with the Sheriff; he is dead now. In 1843 the first house was built, and in 1847 the next. He measured the rooms. He fixed the number of patients to sleep in each room; I have not got his statements in writing. Dr. Rainy is now the visitor; he has visited since 1853. There is one bed-room on the men's side, which contains 7 beds, and 13 patients sleep in it, 6 being double beds. That is up stairs. I have not had that room measured, to ascertain what number of cubic feet is allowed to each patient.

Cleaning of House.

The floors are washed every second day, and the walls of the sitting-room are whitewashed twice a-year—the other rooms according to necessity. I think they are all thoroughly cleansed.

Offensive Smell.

I cannot account for any offensive smell existing in several of them, when the Commissioners inspected them. I think the ventilation is sufficient.

Serving of Meals.

The patients don't sit at table to take their meals; those only that are weakly sit at table. The strong patients who are able to take care of themselves, sit round the room. In summer, some of them take their meals in the open air in the yard; I don't know whether they squat on the ground. Supposing they wished to sit at table, we have not sufficient table accommodation for them to do so. They have not knives and forks for their meals. The meat is not cut in small pieces. Large lumps of fat and of meat might be given them, and their only means of eating them would be to pick and bite them.

Occupations.

We have out-door occupation for the patients—digging and working in the fields; some of them pick oakum. We have a backgammon-board, and cards, as amusements. We have books—novels, &c. They are kept in the office. There might be none in the wards when the patients are there. They take

Airing-Courts.

exercise in the back-grounds—the small airing-grounds with high walls; they can't look out from them. They have no look-out from one of the day-rooms, except on a small walled yard below; but there is a day-room up stairs with a good view. That is always open to them.

Restraint.

When the patients are restrained, a record is kept; this [produces it] is the record. The patients are not fastened to the chains in the bedsteads, nor to the rings in the walls of the day-rooms. There was one man fastened long ago, but it is seldom or never done now; if done, it is by my brother's direction. The nurses or attendants cannot put on the muffs or chains without his knowledge. The nurses keep the muffs in their custody; but they could not put them on without my brother's knowledge. He often goes in at night to see the patients in bed. There is an epileptic lad who is frequently fastened to the rings in the wall.

Visits of Medical Attendant.

The medical gentleman visits every second day when there is

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no sickness—every day when there is. When he visits, he goes over the whole of the beds. He leaves to my brother to settle how the patients are to be bedded at night, and matters of that kind. On Sunday there is no assembling together, but one of the patients generally reads out. Neither I, nor my brother, nor sister read to them. There is no kind of religious service at any time for the benefit of the patients by myself or my sister. Sometimes a Highland missionary visits—not at any stated times—perhaps once in three months, when he comes to see his patients. On Sunday, half of the attendants go out to church. The patients have not the same number of attendants on that day, and some of them may spend the Sunday in bed. They are all up in the morning, but they may go to bed again. When any are sick, a room is allotted to them; we had them in the sewing-room last time. That was an attack of fever. A good many patients were attacked; I think that is about two years ago. There were a few deaths. There was a considerable number of deaths spread over a considerable period. No one ever remarked to me that the mortality of the house was rather higher than that of similar houses. A number of patients die from exhaustion. They are well cared for and looked after if illness attacks them. I have no diet-table showing the quantity of food; that is according to the doctor's order. No extra-diet list, containing the medical comforts, is kept; they are ordered in the prescription book. The patients are not always removed to their rooms when they are ill; they are generally removed to another room; but I don't know, of my own knowledge, the usual custom.

Religious Exercises.

Observance of Sunday.

Sickness.

Mortality of Patients.

Treatment of Patients when ill.

The inspectors of poor, when they visit, don't make any inquiry as to the condition of the paupers in the night-time. They visit their patients very often; I could not say how often. The Highland inspectors don't visit as often as the others, but they come when they bring fresh patients; then they see all the other patients from their district. The patients are brought to them; the inspectors don't go to the rooms, and don't see the accommodation provided. The Greenock inspector used to visit when he had patients; he used to visit regularly,—sometimes weekly for a while. He never inquired how the patients were placed at night; he went and saw them in their rooms when he came; he was the only inspector who did that.

Visits by Inspectors of Poor.

Nature of the Visits.

In case of death the patients are interred in the cemetery; they are conveyed generally by the poorhouse hearse; they are never taken in a cart. I leave my brother to look after the separation and better accommodation of the patients, and the getting them out of their bad habits. I have patients from Glasgow parish; no reason was stated for sending them to me. Gartnavel was full at the time, and they were sent to me because there was no room there. We always had one from Glasgow.

Funerals.

Patients from Glasgow Parish, and other Districts.

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Before the Greenock patients went away, we were scarcely able to admit any. There were just a few Ayrshire parishes that sent to us. When there were 103 patients in the house, I am aware we were breaking the law. We tried to get the numbers down as soon as we could; but we were forced to take the Greenock patients, and they sent up whenever they had a case. I obtained a fresh license when I succeeded my father; I got it from Sheriff Marshall. He did not inspect the house at the time; I just applied for it, and got it.

Provision for Relief of Nature.

There are privies in the house; there is one above and one below; and there are privies outside. The outside ones are not covered in; people using them are just exposed. It is only in dry weather the patients go out. The two serve for the whole patients. When it is wet they are kept in the house; in fine weather they go out to the privies, and the males and females just sit down in sight of every one.

Condition of Rooms of wet Patients.

Bedding of dirty Patients.

As to the wet patients in bed, there are no means of collecting the water; it trickles down on the floor. We had wooden troughs made, but they did not suit. The floor is constantly soaked in urine. When the patients pass their excrements into the straw, it is shifted. The excrement is shifted. The nurse never said she changed the straw only twice a week. I never asked how often she changed it; it might have been changed only twice a week; my brother would know that.

Means of Warmth.

The fire-place is the only means of warmth in the winter. It is in the sitting-room. Patients who are not able to leave their beds have no fires in their rooms. Their rooms are without any means of heating, further than the fire-place in the

Attendants.

sitting-room. The attendants sleep in the sitting-room up-stairs. Two women act as nurses, and there is one patient who assists the nurses. There are two male attendants; one of these does not act as gardener also, but he goes out with the men sometimes.

Private Patients.

We have only three or four private patients in the other house. The males and females do not meet at all,—not in the yard. Unless they are dancing at night, they never mix. The females who sleep in the two attics, pass up the stair of the male department, but not through any room. I am not aware that

Curable Patients.

any of the private male patients sleep together. On the 15th September there were 27 curable patients; there are about the same number at the present time. I consider the treatment is proper for them. I am not certain, from my own knowledge, that none of the private patients sleep together.

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17. John Thomson Gordon, Esq., Sheriff of Edinburgh. Examined.

I have been Sheriff of Edinburgh since January 1848. There

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Number of Asylums in County of Edinburgh.

are 16 asylums in the county visited by me, independently of the Morningside Asylum and two poorhouse asylums,—19 in all. I have visited them regularly every year.

Warrants: How and to whom granted.

When a warrant is issued for the detention of a lunatic, it is granted on the application of a relative, or of somebody stating an interest in the party to be confined; and the petition is supported by a medical certificate signed by two medical men. The title of the applicant is generally taken as a matter of course; but before any petition is brought to me, the whole circumstances of the case are thoroughly gone into by the Sheriff-clerk; and I refuse, except under most special circumstances, to sign any petition which is not initialed by the Sheriff-clerk. I look upon him as bound to make the preliminary inquiries; and also to ascertain whether the medical gentlemen, whose names are appended to the certificates, are on the list which we keep. So far as I am aware, no opportunity is given to the patient to oppose the granting of the warrant. He is not brought before me for examination. I order no report on his condition at that stage, because I hold the certificate of the medical men to be sufficient. I understand, and so read the Act, that one medical certificate only is required; but, by direction of my predecessor, Sheriff Speirs, we have, for the last 15 or 16 years, required the signatures of two medical gentlemen. We keep a list to see that those signing possess the necessary qualifications under the statute; and it has so happened that the clerk has drawn my attention to parties signing who had not these qualifications. I am not quite sure if the College of Physicians appoint medical inspectors. Generally speaking, we find that medical men, having an interest in asylums, don't offer to sign the certificate. That it has been done, I have no doubt. The law makes no provision against it. The certificate certifies that the medical man has seen the patient; it is in general terms; it does not state the species of insanity. I am not aware, from my own experience, of any instance in which penalties were exacted from medical men for giving certificates improperly.

Previous Inquiries by Sheriff-clerk.

Patient not examined by Sheriff.

Medical Certificates.

Certificates by unqualified Practitioners.

Certificates by Medical Men having an Interest in Asylums.

Nature of Medical Certificate.

Carrying of Warrant into Effect.

The warrant for detention is addressed to the keeper of the asylum. There is nothing in it restricting the time within which it may be executed. Sometimes the patient is brought to the office, with the medical certificates, by the keepers of the asylum to which he is to be sent, and the warrant is put into their hands. Sometimes the friends come with the certificates, and afterwards get the keepers. I am not aware if females accompany females. I do not recollect any instance of the escape of a patient. Unless a very considerable period has elapsed between the escape and the recapture of the patient, the warrant would be held to run. There is a record kept, of the names at all events, of every party against whom a warrant has

Escape of Patients.

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been issued; but, I rather think, the principal copy of the warrant is handed over to the keeper of the asylum. The record contains a note of the place to which the patient is sent; so that there would be no difficulty in tracing him. All asylums are bound to make a complete return of their inmates.

Inspection of Asylums by Sheriff.

The statute requires an inspection once a year by the Sheriff, and once by the Substitute: that is observed. I have frequently gone myself on both visits; but I am quite sure that the houses have been visited twice a year. They are repeatedly

Special Visits.

visited, in reference to particular cases, oftener than twice a year. The keepers have no notice of our coming. I may say there is one exception, but Dr. Renton can tell you better. The only case in which any kind of notice is given, is to Dr. Smith. I think Dr. Renton lets him know. On particular occasions, I frequently used to make inspections: that is, on the complaints of patients or their friends.

Nature of General Inspection.

The general inspection is so far minute, that I see personally every inmate of every asylum, and so does Dr. Renton. There may be sick cases in bed, and I may not think it necessary to go into their rooms, but I have no doubt that sufficient opportunity is given to any patient who is desirous to state any complaint. I do not think my presence excites the patients very much; there are of course exceptions. If it does so anywhere, I think it is in the large galleries of a public asylum. On going into the rooms where a very large number of patients are collected together, I have observed that they are apparently moved a little. On these visits, I consider it my duty to examine generally as to the ventilation, airing-yards, means of exercise, and the em-

Duties of Medical Inspector.

ployment of the patients. A medical officer always accompanies me. I never had any one with me but Dr. Renton, and I understand, though I don't know, that he was selected by Mr. Speirs. I took him as having a minute knowledge of the asylums. The details of the medical examination I devolve on him, but all the patients are brought before me; it is an-

Report by Medical Inspector.

nounced who I am, and I go into all the rooms. Dr. Renton makes a regular report in writing to me. These reports are kept in the Sheriff clerk's office, so that if there are any cases to which our attention has been directed, they become an authority

Record of Inspection.

on which I may take steps. We enter the inspection on the books of the asylum. The books are signed by Dr. Renton, not by me. It is a mere signature, certifying the fact of the inspection, but there is no statement of the result of the examination. It merely shows that he has been present at that date. But in consequence of what occurs in his reports, I have found it necessary to address letters immediately afterwards to the keepers of asylums, directing attention to overcrowded rooms or some other

Powers of Sheriff to remedy Abuses.

point. This I have done frequently. There are certain statutory powers to remedy abuses when discovered; but the only

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effectual power to remedy abuses which I possess, would be to intimate that I would withhold the license unless my instructions were attended to. So far as I am aware, no penalties have been exacted under the statute. At common-law, independently of the actual commission of crime or of public danger, I don't know that I have any powers. I don't remember ever having found it necessary to threaten the withdrawal of the license. In writing, I don't think I ever did. I may have spoken very strongly, and said, that if such a thing were not amended, it might lead to serious consequences. I never exercised my power of liberation, excepting after the visitations, when frequently the Doctor may come and say that he thinks a certain patient is recovered, and that he may be liberated; but I don't know that *de plano* I ever ordered liberation for a person improperly confined. I am not sure that any case of liberation ever occurred without some intimation by the medical man of the asylum, or by the keeper, that such a patient was so much recovered in health that they begged we would pay particular attention to him. I daresay one might wish a little more authority, to deal in a summary way with lunatics; but I think such a power might be better administered by a general board than by an individual magistrate. I think the biennial inspection by the Sheriff is a sufficient check: I would not recommend that it should be more frequent, because I think there should be a government inspector besides. I have never seen any very valid ground of complaint against any of the establishments here. Reports are made annually to the College of Physicians according to the statute. They merely state, I think, the number of lunatics in the county, without going into detail.

Powers of Liberation of Patients by Sheriff.

Suggestions as to Inspection.

Reports to College of Physicians.

The fund from which the expenses of inspection are paid, is made up from fees in the first place; and if these are not sufficient, we fall back on the rogue money. We have not required to draw on the rogue money since I have been Sheriff. The fees have been sufficient, and in such surplusage that I have twice reduced them. I have not myself issued any set of regulations for these houses, because I have seen no reason to make any alteration on a very admirable series issued by Sheriff Speirs. I consider these in operation most decidedly; I have repeatedly called the attention of keepers to them, and insisted on their being fulfilled. I consider they are *ipso jure* in force, without the necessity of my sanctioning them *de novo*. I am quite sure the keepers of the asylums consider them in operation. My belief is that they are all furnished with copies.

Fund for Expenses of carrying Acts into Execution.

Regulations by Sheriff.

Sheriff Speirs' Regulations.

Within the last eighteen months, I think three new licenses have been granted in Musselburgh,—chiefly for the reception of pauper patients. I don't know how to account for the increase of these houses, except in one way: that the charges for the maintenance of pauper lunatics are lower in these private

New Licenses granted in Musselburgh.

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asylums, than in the Royal Asylum at Morningside. The form of application for a license is generally by letter, begging that the premises may be inspected, and the applicant's fitness considered. I believe it is rather a nice question, whether the license is for the house, or for the persons to be kept in the house.

Nature of Licenses.

I rather think it is a license for each person. I am not aware of anything like a general license being granted for an asylum.

Examination as to Fitness of Licentiate.

Upon this letter being addressed to me, I consider it our duty to examine into the fitness of the licentiate. That inquiry is often made by people who, I have reason to believe, know the man, his antecedents, and his profession. I don't remember a Mrs. Marks applying for a license. The Sheriff-clerk depute, Mr. Porteous, would know. Moffat's is a new house; he is brother to a man well-known to us. I consider myself bound to make inquiry into the fitness of the licentiate for this particular duty. I understand that he is bound to reside in the house. Most unquestionably I should insist on that. I don't think he would be entitled to remove his patients to another house without first getting my sanction; because I think the warrant is for detention in a particular house.

Previous Inspection of Houses.

I am not quite sure that in these three last cases the houses were inspected. I rather think not, by myself or any one. There was a statement of the accommodation, required from the parties applying. I leave the detailed inspection till my own visit. There are no regulations as to the number of attendants,

Sheriff Speirs' Regulations.

or the general arrangements; but a copy of Sheriff Speirs' regulations is furnished to them; these specify a certain number of warders for so many patients. They are furnished to every person who applies, and it is understood that they are binding. I don't think they contain anything as to dietaries.

Records.

The keepers are bound by the statute to keep certain books, and make certain entries; I consider it my duty to see that the statute is observed. In my visits I am always attended by Dr. Renton.

Object of Inspection.

We see at once, by the number of patients in the house, and the number of attendants, whether that part of Sheriff Speirs' regulations is attended to. By going through the rooms and the cells, we see whether the regulations as to these are observed. And, as I said, I have frequently had occasion to make communications to keepers, in consequence of my not being satisfied that the regulations were carried out. I consider it my duty to see that the sexes are separated, that there are proper dormitories, and appliances for cleanliness, and proper furniture. All that falls within my department. The statute requires deaths

Return of Deaths.

to be reported when they take place; that is always attended to with exact regularity. On these occasions no inquiry is made. The death is certified by the declaration of the medical officer attending the establishment, setting forth the cause of death. I don't think that any statement was made to me, as to

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the number of deaths which took place in Aikenhead's house, till my last visit on the 9th of this month. There was then an explanation given as to how they occurred. These deaths took place on the 20th and 22d October, and 9th November; there were three of them. In reference to the clothing at Aikenhead's, I don't examine as to whether the patients are well enough clothed, unless some obvious insufficiency should strike the eye either of Dr. Renton or myself. In a general way, I should expect Dr. Renton to remark in his report on any insufficiency of clothing which he might observe. I cannot say how the patients take their meals there.

Mortality at Aikenhead's.

Scott's House.

I am not aware that, on visiting Scott's, anything struck me as to the number of tables or chairs, or as to the accommodation. But if I had observed anything insufficient, I would have considered it my duty to take measures to get what was wanting supplied. No inquiry is made into the means which licentiates have for providing furniture; and no security is taken for the proper discharge of their duty. I did not observe in Scott's, whether there was any provision for the separation of the sexes, as nothing had occurred, or been reported to me, to excite suspicions on the matter in my mind. I did not see an outhouse in which an old woman was strapped down in bed. On the day of my visit, the patients were all collected together; one old woman was reported to Dr. Renton as bed-ridden, and he went to see her. In reference to the health and management of the patients, I consider him bound to report to me. To that extent I do devolve the responsibility on Dr. Renton. In his last report as to Scott's, he says—"There appeared to be sufficient ac- "commodation here, and the appartments are well ventilated." I have power to recall a license, but I have never had occasion to do so.

Inquiry as to Means of Licentiate to provide properly for Care of Patients.

Responsibility of Medical Inspector.

As to the books which the Lunacy Acts require to be kept in these houses, I think the requirements of the statutes are observed, —whether they are kept so fully as is required I don't know. I have the discretion to grant or withhold licenses. I don't know as to the power to take a patient out of one house and send him to another; I don't know whether that has ever been done. We have frequently recommended a change to be made, and I never found the least difficulty in getting it effected.

Records kept in Licensed Houses.

Powers of Sheriff.

There is a class of houses which require to be reported to the Sheriff,—those with one patient. I consider we are entitled to license these houses, and, I believe, we are bound to inspect them. I am not aware of any house in the district advertising for nervous patients. If I heard of such a thing, I would consider it my duty to interfere. I have had no occasion to make inquiries on that point. If I heard of any pauper patients residing with their relatives, or with strangers, I would order inquiry to be made as to why the parochial board allowed it; and

Houses for Single Patients.

Pauper Patients with Relatives or Strangers.

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I would consider that in these cases there ought to be a license. Every pauper lunatic living in that way, I think, would be embraced under the category of ordinary lunatics, and be subject to visitations, &c. That there are such cases, I have no doubt.

Dangerous Lunatics:

Of the class of dangerous lunatics, we have a great many. They are proceeded against on the information of the procurator-fiscal. In order to their being dealt with, an overt act of violence, or such conduct at large as will justify the superintendent of police in taking them up as dangerous, is all that is required.

Sent to Asylum during preliminary Investigation.

While the preliminary steps are being taken, the party is sent to the Royal Asylum, almost invariably, I think. In such cases, the proportion of convictions outnumbers the discharges very greatly indeed. A good many of them are labouring under *delirium tremens*. I consider myself entitled to commit them to a public asylum or to a licensed house, or to give them up to relatives on security for their safe custody. They cannot be

Procedure on Recovery.

discharged without an intimation to the procurator-fiscal. The usual course with us is this: a petition is presented by the patient, setting forth his recovery, and, by an interlocutor, I order intimation to be made to the fiscal, that he may be heard for his interest. I do not recollect any case of removal to another asylum without my intervention. The warrant under which they are confined is very precise,—the particular place to which they are sent being named. I am not aware that any notice has to be given to the Prison Board, with reference to dangerous lunatics. I have had no experience of persons found insane in bar of trial, or by jury.

Pauper Lunatics: Procedure for placing them under Treatment.

The application for the confinement of pauper lunatics is generally made at the instance of the inspector of poor, on medical certificates. We require two signatures; we take that of the parochial surgeon. I consider myself entitled to send them either to public asylums, or to licensed houses; or to such establishments as have been opened within the last six months, by the St. Cuthbert's and South Leith parochial boards. I don't know whether notice is given at my office before a patient is removed elsewhere. If he is put into another house in my jurisdiction, of course a warrant must be got. They may be

Their Removal to other Counties.

taken beyond my jurisdiction; if anything of that kind is done, I think it a great blot on the system. In point of practice, the selection of the house or asylum to which the patient is to be sent, is very much left to the applicant; and in reference to paupers that is the inspector.

Poorhouses with Lunatic Wards.

Lunatics are never sent to poorhouses without a separate ward for lunatics. Two poorhouses in this county have separate wards. The arrangements for these were made by the parochial boards in the first instance; and then a petition was presented to me setting forth that these arrangements had been made, requesting an inspection, and authority to take in pa-

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tients. In these two instances the houses were examined by Dr. Renton and myself before we agreed that the license should be granted. These two were St. Cuthbert's and South Leith poorhouses. There is a third—the City poorhouse — but I have a letter in which they claim exemption from the necessity of taking a license, from its having been from time immemorial a public lunatic asylum of the city. That raised a very nice question, on the ground they put it, and the thing was not pressed at the time. The impression made on my mind was that they had pretty tolerable grounds for what they stated. That place is not visited by me. I have not made up my mind as to the right of the parochial board to claim exemption. The correspondence with them on the subject arose in consequence of a circular which I addressed to every parochial board in the county, requiring them to make a return of the pauper lunatics connected with their parish. Some rumours had come to me as to the pauper lunatics being provided for in a way which I thought objectionable. That was some years ago. In granting a warrant for confinement in a poorhouse, no inquiry is made as to whether a case is curable or incurable. In the case of Morningside, if they did not choose to attend to any recommendations which I might make, I could refuse to send any more patients there; but I don't know that I could declare it closed. All lunatics confined in the county of Mid-Lothian require my warrant.

City Poorhouse

Nature of Warrant for placing Patients in Poorhouses.

Powers of Sheriff over Royal Asylum.

In the case of dangerous lunatics from other counties, my indorsation of the warrant on which they have been brought here is required. I don't think there is any probability of a lunatic brought from one county as dangerous, being treated as an ordinary lunatic in another. It might happen. I don't inquire as to the particular nature of the warrant under which a party from another county was originally committed. In the case of the removal of the Perth paupers to Aikenhead's, there must have been a license taken from me by Aikenhead for every individual received. The Sheriff of Perth might sign an order, but Aikenhead would have to come to me for my warrant. With regard to Sheriff Speirs' regulation, as to a sufficient number of separate apartments of adequate size, properly warmed and ventilated, I don't know that it has been carried out to the very letter. As to the second regulation, requiring a report by an architect, I don't recollect of any such report having been made to me; but as to the third, relating to the proportion of attendants to patients, I have frequently sent letters to keepers on that point. There is no doubt that a great many of these houses are very considerably over-crowded. The fourth regulation, as to the airing-grounds, is generally attended to; but I don't know as to the fifth, with regard to confinement in cells. I don't know that from my own experience.

Dangerous Lunatics from other Counties.

Pauper Patients from Perth.

Effect given to Sheriff Speirs' Regulations.

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Suggestions as to future Legislation.

I would be inclined to say that the law as it now stands is sufficient to prevent the improper confinement of persons as lunatics. I certainly would much rather see the whole of these houses placed under some general superintendence, with an inspector who should be totally disassociated from all counties or parishes, and be in fact nearly parallel to the prison inspector—a central authority—a board to superintend, and a government officer to inspect. I would not be disposed to recommend a suspension of the magisterial functions of the Sheriff. To follow out the analogy, the Sheriff comes in the room of the county prison board, and I don't know that you could well get a better officer. I would retain his power of granting warrants for the admission of patients; and also his power of inspection and visitation. If entries in books to be kept in asylums shall be more minute, it will be doubly necessary to have an officer who shall inspect them a great deal more minutely than is ever done by any Sheriff now, or than could reasonably be expected to be done. I don't know that you could make the law as to dangerous lunatics any broader. I don't know that I have ever considered any check or remedy in cases of dipsomania.

Interference of Sheriff in Cases of Neglect.

As to lunatics neglected by their friends, if the report of such a case were made to the procurator-fiscal, it would be inquired into; but before we could interfere the complainant would have to show unnatural treatment or undue neglect. The practical security is that the great majority of such cases become chargeable to the parish. There may be—it is not at all unlikely—lunatics in the county not chargeable to the parish, and of whom their friends are not able to take proper care.

Opinion as to Public and Private Asylums.

Disadvantages of large Asylums,

I should be inclined to prefer public asylums to private houses, but I cannot help thinking that our public asylums are perhaps going to extremes in their mode of treatment. I cannot but be struck at Morningside with some of those large galleries filled with lunatic patients, where no attempt at classification seems to be made, and where a man's chances of getting better are as much prevented as promoted by his daily associates. That modifies my views as to the advantages of public asylums, unless classification were better attended to; so that, instead of a hundred patients with different kinds or degrees of illness, being placed together in galleries, they should be

of Licensed Houses,

divided and properly classified in smaller numbers. In licensed houses there are no means of classification. Apart from this, public asylums have an advantage over private houses, which must always have an interest in retaining the patients. They

of Poorhouses.

have also an advantage over lunatic-wards in poorhouses, because economy must be a great consideration there.

Supposed Cause of increased Number of Private Asylums in Mid-Lothian.

I suppose the increase of licensed houses in my jurisdiction must arise from their underselling the public institutions. The pauper rate of payment in Morningside is £24 or £25, and in

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these houses it is about £20; so that on 50 or 60 patients that becomes a consideration. There may be some offences to which you might attach penalties; but if there are to be penalties, I should like to see them penalties which could be recovered; because under the present Acts they are altogether irrecoverable. As to overcrowding, we have intimated to Reid's, and others of these houses, that we shall grant no more licenses; so that, if an application were made to admit a patient to Reid's, I would refuse to sign the warrant. I would very likely leave the parties to fix on another house: I would not fix it myself. I consider Sheriff Speirs' regulations placed the management of these houses on a footing so satisfactory, that any active interference from me has not been called for. I consider his regulations still in full operation. Sheriff Speirs did so much, that to his successor little more is left than to see his views carried out.

Penalties at present too high.

Overcrowded Houses.

Opinion as to Sheriff Speirs' Regulations.

18. Dr. Robert Renton, Fellow of the Royal College of Physicians, Edinburgh.—Sworn and Examined.

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I have acted as inspector of lunatic asylums in this county for 13 years. I was nominated by Sheriff Speirs; I received merely verbal instructions. My duties are to inspect the asylums, see that they are kept in a clean and comfortable state, look after the clothing of the patients, see that they are properly accommodated, that the ventilation is sufficient, that there are airing-grounds, and, if possible, some little recreation in the way of bowling-greens; that the women are employed in knitting and sewing, and the men in any handicraft of which they are capable. These are my principal duties. I consider myself responsible for the proper management of the asylums to the Sheriff.

Duties as Inspector of Asylums.

When I visit, I go over the whole house and see all the patients. The length of the visit depends on the extent of the buildings, the amount of accommodation, and the number of the patients. Some of these visits occupy half-an-hour, others three quarters of an hour, or an hour. Aikenhead's, I suppose, takes from half-an-hour to three-quarters. I examine into the clothing of the patients, and see that they are sufficiently clothed. I generally see that they have flannels. There was nothing struck me at my last visitation to Aikenhead's as to insufficient clothing. I am not certain whether, on the visit in April, I looked if they had flannels. It is my impression that I did not examine the spare clothing, or see whether there were spare flannels. My attention was directed to the mortality which took place in Aikenhead's last year. I made inquiry into the cause of it, and found from the report of the medical man, Dr Laurie, that a number of these deaths had taken place in persons advanced in life, suffering under chronic disease, and that several of the individuals had been brought into the establishment in a moribund

Nature of Inspection.

Aikenhead's House:

Clothing of Patients.

High Mortality among Patients.

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Diet.

state. I believe the greater number of them had been brought into the asylum after the autumn visit. I don't think I saw many of them,—that is my impression. I cannot say I observed any indications of scanty and insufficient feeding in Aikenhead's, more than in any other establishment. My attention, however, was not particularly directed to that point. I have no check upon the diet. I have made a point of looking after it on these inspections, and I have found it in general satisfactory, both as regards quality and quantity. On my visits, I have generally gone into the kitchen and seen what was going on in that department. Frequently I have inquired as to the quantity allowed in the way of broth and butcher-meat. I inquired of the keeper of the house; I did not see the butcher's book, and had no test of that kind. There was no diet-table,—in fact, I depended a good deal on what I was told.

Bedding.

I have been in the habit of inspecting the beds, to see that there was sufficient bedding. In general, I found it pretty good, and of sufficient quantity. There is a larger supply, I understand, for winter than summer. I cannot say of my own knowledge that such is the case, but I have reason to think so.

Period of Visits.

Our visits have been in April, and in November or December. I may have visited during the cold season for a special purpose, perhaps to see a patient at the request of the Sheriff, but I never made a general inspection then. I have visited unaccompanied by the Sheriff on rare occasions.

Inquiry as to the Cause of the Mortality at Aikenhead's.

On inquiring into the cause of the deaths referred to, no evidence appeared to warrant the conclusion that they might have arisen from insufficient clothing or want of food. I made a report to the Sheriff from the case-book of Dr. Laurie, and I think they might be accounted for from natural causes. A similar occurrence took place in Mackay's asylum some years ago, and Sheriff Speirs requested me to visit and report. I found that the temporary increase in the number of deaths was owing to accidental circumstances. These deaths took place in the persons of aged patients, who had been resident in the establishment for several years. There was no epidemic to account for them. Seven, eight, or more patients died in the course of six or seven months. In Aikenhead's the case was the same: some of the patients were very old. Three deaths occurred in Aikenhead's during last half-year. They were persons from a distance,—Perth or Forfar, I think. They died a couple of months after their admission. I am not sure that the previous deaths in Aikenhead's took place almost all during the cold weather.

General Condition, and Ventilation of Aikenhead's House.

The rooms are certainly not patterns of comfort, but on my last inspection, they were particularly well-ventilated, and I found on former occasions that though there was scarcely accommodation sufficient, yet the ventilation was very well attended to. The place is ventilated by windows; during the night

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the ventilation may be considerably diminished. I should think the space to each patient is much under what has been recommended. I think 600 or 700 feet is what was recommended. I am sure it is less in Aikenhead's, but I have not made an exact measurement of it; I could not say that it is not below 400 feet. In several cases where I have thought the accommodation rather small, I have recommended a bed to be taken out. Aikenhead has taken in a great deal of additional accommodation from outhouses, so that his accommodation is better than when I first made my inspection. But the number of patients has increased. I don't know whether that increase has been in a greater ratio than the accommodation. The deficiency of air has certainly a tendency to prevent the recovery of the patient. In that house, as in most of the others, the ventilation is better than the Commissioners might suppose from the accommodation in the house. Currents of air are constantly passing through these houses. Besides the advantages of the local position, these buildings are not so thoroughly finished as town-houses.

Aikenhead's House: Heating.

I should think the buildings are sufficiently warm. There are fire-places in the rooms, and fires are used. I am not aware that any of them are boarded up. I never doubted that these fireplaces were used; I think I have seen them used in all the rooms I have visited; but I could not be positive about that. If I had observed any of them blocked up, that would have struck me. I don't think all the patients have fire-rooms to go to. They congregate in a room, and have the use of a fire, but they have not separate rooms.

Sitting Accommodation.

I think there is sufficient sitting accommodation in Aikenhead's: there are benches. I don't recollect seeing any of the patients sitting on beds, for want of benches. It never occurred to me that there was a deficiency of benches. I should think the fires sufficient for warming the patients. With an inattentive keeper, the weak might be kept from the fires by the strong, but it is the keeper's duty to see that this does not take place.

Serving of Meals.

The patients take their meals at table, I suppose; I don't know that I have ever seen them at their meals in Aikenhead's. I can't speak as to there being tables in the rooms. I cannot speak as to the patients having to take their food on the beds, or in a corner. I don't think I have happened to be there at meal-time.

Separation of Sexes.

We have endeavoured to keep the sexes as much separate as possible.

Means of Exercise.

They take exercise in front, and in the garden adjoining. I think there are sufficient means of exercise. There is a good deal of ground in the adjoining garden. I have seen patients there. I think I saw two females in it the last time I was there.

Occupations.

Aikenhead has tried one or two of the patients at some handicraft work, as tailoring, &c., but he found they did not make great speed at it. I understand that some of them work occasionally in the garden. I have not seen them working. At my last visit one of them

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acted as a sort of butler, or general superintendent of the house. I believe the women are employed in cooking. There is not much occupation, certainly, for the males. Some occupation would decidedly be conducive to recovery, but a few of them are perfectly incapable of doing anything. I certainly would recommend that those capable of working should be employed as much as possible; but the truth is, that the great majority of the inmates of institutions of the class now under consideration, are cases of dementia, of long standing and apparently incurable, and the subjects of which are incapable of any occupation requiring intellectual activity or physical exertion. There are not any patients under restraint in Aikenhead's. I do not think I have seen any under restraint. I do not think there is one man constantly handcuffed. When restraint is used, it is against my knowledge. I have inspected the book kept by the medical attendant to see if there were any under restraint. On my last visit I did not observe that any were under restraint. It is quite possible that one may have been walking about handcuffed, and escaped my observation. My first object is to examine the register of patients in order to see if there are any under restraint. I in general look at the records of cases before visiting the patients. That takes a little time. It is possible that the superintendents or the keepers might have time to remove restraint from the patients. Perhaps it might be better to visit the patients first and to look at the records afterwards. I do not recollect that there was any separate record of restrained patients; but I think Aikenhead admitted, that in the case of one patient it was sometimes requisite to apply handcuffs to the wrists, but this I understood to be an exceptional occurrence. I did not observe any restraint at the time of my visit, nor in the register. There is a record of restraint, I should imagine, kept there, but I don't recollect any entry. If restraint was used, there must have been great laxity in not entering it, on the part of Aikenhead. I have not seen the shower-bath at Aikenhead's. I don't know if it is ever used as a means of coercion. I think the females wash in one of the houses on the left hand going into the female side of the establishment. I am not aware that the washing-house is also used as the dead-house. I thought there would have been a small closet set apart for that purpose. It is not likely there would be more than one dead body at a time in that establishment. No record, I think, is kept of the cases of escape. Aikenhead would require to report to the Sheriff if any escape took place. There is no check on him if he did not report. A patient might escape, and the fraud might not be detected, unless it were perceived by the medical attendant of the institution; or by the Sheriff or myself, at our periodical visit of inspection. I don't always compare the list of names with the patients, but I see every patient within the establishment. I am not aware of the escape of J. M'K. from Aiken-

Restraint.

Record of Restraint.

Order of Inspection.

Shower-bath.

Females' Washing Place.

Escapes.

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head's. Aikenhead's appearance presents nothing peculiar; I have not been able to detect any instance of cruelty or harshness to his patients. He has kept an asylum for eight years. I should say I don't know what occupation he previously followed. The proprietors have a general idea about the time of the year that the Sheriff's visit will take place; but as to the day or week they have no idea. No notice is given to them beforehand; indeed we keep it rather quiet. There is one exception, that of Dr. Smith of Saughtonhall, who resides in Edinburgh, and to whom intimation is given the day previous to the intended visit, in order that he may be at the institution to give any information required concerning his patients; and this is done only when his partner, Dr. Lowe, is known to be from home. I do not do so always, but occasionally.

Period of Visit.

Reid's House.

Reid's house is now at its maximum as to numbers, and I have said so. I send in a report to the Sheriff after every inspection.

Moffat's House.

Moffat's is in the same state as Reid's house as to numbers. Both are rather over-crowded. I have said that it is at its maximum, and it would be better if the numbers were reduced somewhat. The space given to each patient is certainly not up to what I would wish to see in an asylum.

Granting of Licenses: New Houses licensed at Musselburgh:

Some new houses have recently been licensed in Musselburgh. I don't think I was asked to look at them before the licenses were granted. My opinion was not asked as to the character of the people, or whether they were fit to be licensed. I think that is left to the Sheriff. It lies with the Sheriff to grant the licenses. I don't recollect the Sheriff consulting me as to whether a party was fit to be entrusted with the charge of lunatics.

To Alexander Moffat.

In the case of Moffat, of Seabank, my opinion was not asked. I don't know what he was. I am not aware that he was a baker in Musselburgh, and was not thriving.

To Mr. Scott.

I know nothing of Scott, also recently licensed.

To Mrs. Marks.

I have heard of Mrs. Marks, but she has discontinued, I believe. I think she had one case. I think I visited her in April. I don't know whether the license was taken from her, or whether she discontinued of her own accord. I heard reports not much to her credit at one time. She had kept a public-house in Musselburgh. I think I heard unfavourable reports as to her sobriety, but whether true or false, I have no means of knowing. She has no patients.

Mackay's House.

I don't recollect any cases of restraint in Mackay's house. There is a small damp room on the right hand as you go into Mackay's: that is not the best place certainly for confining patients: in other respects I regard Mackay's asylum as, upon the whole, good. I don't recollect a woman, G., confined there lately. We often have patients brought to us in our visits: those unable or unwilling to come we go to see. I don't recollect seeing any patients in Scott's under restraint.

Scott's House.

I saw an old woman who had been for a number of years in an asylum;

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I don't know that she had ever been under restraint. She was walking in the back-court when I visited the place. For the number at Scott's, I think the furniture may be sufficient. In the day-room, I daresay, there was a table, but I can't be quite positive; I don't recollect as to chairs or benches. I have no

Reid's House.

recollection of the room. In Reid's I don't know that the patients have any room for washing. I have seen some of them at the pump, but whether in the way of coercion, I cannot say. I

Means of Cleanliness in different Houses.

have no recollection of seeing basins or washing accommodation in any of the rooms. I have seen basins in Mackay's and Moffat's, which I presumed were for use. I never made inquiry

Chamber-Utensils.

as to where the patients washed. I suppose they had accommodation for making water at night. I have never been there except during the day. There may be just a tub placed in the middle of the room.

Improper Conduct of an Attendant at Reid's.

There was a case two or three years ago in Reid's of connexion between a keeper and a patient. It underwent judicial investigation. I don't know what was the result. The keeper, it is believed, took advantage of the patient in the morning, when the rest of the patients were taking an airing. I suppose Reid has been on his guard to prevent the possibility of such a case

Separation of Sexes.

occurring again. I have always strongly recommended the separation of the sexes as indispensable; and on the inspections we have seen that they were not mixing together. Separation of the sexes, to the extent desirable, is not carried into effect at Scott's. In Reid's, although the sexes are not placed at that distance from each other in the airing-grounds which is to be desired, there is nevertheless a separation by means of a railing; and there are separate airing-grounds in one part of the place for the noisy males. The males use the garden, and the females are within the rail that separates the garden from the house. That is not so sufficient a separation as one would wish. I don't know that any of the male dormitories open into the females' airing-ground. I don't know that, from want of room, men are placed on the women's side to sleep.

I am not aware that the keepers are supplied with any instructions as to the management of their houses. Sheriff

Sheriff Speirs' Regulations:

Speirs' regulations are supposed to be in force. We carry them into effect as far as we can. A copy of these regulations is placed, I believe, in the hands of each superintendent of an

Not observed as to Over-crowding.

asylum in the county. With regard to the number of patients, there is no doubt that in Moffat's and Aikenhead's there is over-crowding, but in Reid's it is much the same. In general,

In general observed as to Attendants.

the regulation as to the number of attendants is observed; the requirement of one attendant to 12 patients is, I think, generally carried out; in Moffat's the number is rather under. I

Seclusion.

don't think any separate record of seclusion is kept—there may be some remark by the medical attendant that it is necessary.

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I think each of the houses has a copy of Sheriff Speirs' regulations. I don't know if they have been furnished with them regularly.

I sign my name in the book of the asylum without any remarks. Any observation I have to make, I make verbally to the proprietors. I send in a report to the Sheriff, and if I make suggestions he generally carries them into effect, and at next visit I commonly find they have been attended to. With regard to the number of attendants, there is always a tendency to have a larger number of patients than we recommend for the number of attendants. Moffat and Aikenhead have proportionally more patients than they should have. The rest of them I think are very fair in this respect. I don't know how Aikenhead's house is supplied with water. There is a pump-well on the premises, I think. I have seen a patient in the padded room at Hawkfield. I understood there were means of letting in the air and light. I cannot speak from my own knowledge; I don't recollect having seen any window or opening. I have never seen anything at Hawkfield to lead me seriously to complain of the management. I don't think it is kept in a tidy state; and I think we have made remarks to that effect. There have been considerable improvements, I think; Sheriff Speirs and I made very great improvements. It is altogether a matter of taste what such a place should be; it is not a place I would fancy, but I was never able to detect anything like harshness or inattention to patients. On the contrary, I found that many of them who had been cured, returned to visit occasionally, to show their gratitude for past kindness to them. I think there is a want of an air of comfort in the lower rooms. They are now much better than they were when Sheriff Speirs and I spoke about them, but they might still be improved. I have no reason to think that the patients are not well treated, considering the payments they make. I think the payments are from £35 to £60 a year.

Result of Inspector's Visits.

Proportion of Attendants and Patients.

Supply of Water at Aikenhead's.

Hawkfield House:

Padded-room.

General Condition of House.

Deficiency of Comfort in lower Rooms.

Rates of payment.

I don't think the provision of the Act in reference to entries of restraint has been observed. They are not generally made; but I have seen them. The medical man makes entries; but there are no complete entries, in conformity with the Act, made by any one. A case-book is kept at Hawkfield. I suppose there are case-books in all the asylums, but I have not seen them in any house in Musselburgh.*

* "The statement here given, appears confused, and requires explanation, which may be given in the following manner. In the Act 9 Geo. IV. cap. 34, there is given a schedule or form containing seven columns, to be kept in all asylums; and of these seven columns, two are set apart for indicating the number and names of men, and the number and names of females under restraint. This form or schedule I understand to have been kept and observed in all asylums in Scotland, until the passing of the Act 4 and 5 Vict. cap. 60, 22nd June 1841. In this last Act, there is given a schedule, referred to in the 10th section of the Act, containing ten columns, but none for patients under restraint. And since the period referred to, in all the asylums visited by me a register is kept,

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Complaints by Patients.

Mrs Brownlee's House.

Pennywell House.

I don't think the patients complain of the treatment they receive: if they do, I see them alone. But it does not often happen that such a complaint is made. In Mrs. Brownlee's, I don't think there are any cases of restraint. There is a Miss W., lately come, and a Miss M. I dont think restraint is used to them. I am not aware if restraint is used in Pennywell house, Grange Road. Miss —— who is there should I think have been in a better house, for a person in her situation. She gets violent at times, and very excited, and they are anxious to get her to Morningside on these occasions. I never understood that they restrained her.

Insufficiency of Inspections.

I think the inspections by the Sheriff and myself twice a year are scarcely sufficient to prevent abuse. We have 14 or 15 houses to visit. In my report, details should be given as to all abuses. The Sheriff is understood to trust to my report for these, and if none are reported he is not to blame; unless he saw anything wrong himself. My reports are with reference to visits at which he has been present.

Religious Exercises.

I think there are religious exercises on Sundays in the licensed houses; but I was never present, and it may be true that there are none. I have asked, and the answer has been that there were. Mr Speirs was very particular about that, and very minute in his inquiries about it. The inspections are as minute, I think, as they were in his days. He took a great interest in the subject of insanity, and his feelings were very much engaged in it—much more than could be expected from a mere official.

St. Cuthbert's Poorhouse.

I visited St. Cuthbert's poorhouse, before the license was granted and subsequently. I understand it is the intention of the parochial board to put all their lunatic paupers there—curable as well as incurable, I suppose. If a large number were put in, it might be as well to have a resident medical man. They seem to have a good deal of airing-ground; it appeared to me pretty large.

City Poorhouse.

I never visited the City poorhouse; it is not licensed. I have brought under the Sheriff's notice, whether it would not be proper to make an inspection there, but I think he said it did not come within his jurisdiction. I have not inspected St. Cuthbert's poorhouse within the last three months.

Royal Asylum: Power to Remedy Abuses.

At Morningside, if I saw any patient improperly treated, I would certainly use any moral influence that I possess with the superintendent; I never had occasion to try what power I

marked or columned as this last schedule, with the two columns for patients under restraint, introduced from the schedule of the Act 9 Geo IV. cap. 34, and in these columns all the conditions required by the third section of the Act 9 Geo. IV. cap. 34, are stated by the medical practitioner in attendance. To this schedule, after examination at my periodical visit, I attach my name. In this manner, according to my understanding, the provisions of the Act are complied with. Dr. Chapman being himself a professional man, and not having any other medical man attached to his asylum, makes entries in a separate book of any cases that may be under restraint. In this manner Dr. Chapman fulfils the fifth regulation recommended by the late Sheriff Speirs."—*R. R.*

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possessed in that respect. I have no recollection of any case of improper detention in any of the houses. In visiting Morningside, though it is very well conducted in many respects, one thing always struck me as very offensive, viz., the over-crowding of the galleries in the main building. The air there has appeared to me very impure indeed; and the noise is calculated more to make a sane person insane than to remove insanity. This remark applies to the male and female wards. Further than speaking to the Sheriff, I have made no recommendations in regard to that point. I may have made a casual observation about it to Dr. Skae. The Sheriff is the medium of communication from me. I don't know how far my power extends in reference to that institution. In regard to the dormitories, also, I think there are too many individuals in the same room. There might be 30 to 50 beds in one room. I have no data to authorize the statement that the overcrowding of the galleries is detrimental to the convalescence of the patients; but I have reasonable grounds for believing that such a state of things is rather calculated to retard than favour the recovery of patients.

Overcrowding of Galleries.

Overcrowding of Dormitories.

Effect of Overcrowding on the Patients.

They have been getting day-rooms at Moffat's and some other places; but there has been a difficulty from the want of accommodation, and from the people appointed to take charge of these houses not understanding what was proper treatment. I think, now with the experience they have had, and the information they have obtained from parties competent to give it, they are better qualified than they were. It is difficult to account for the very large increase of private houses in Musselburgh. Morningside has been diminished very much in its numbers of late. I think the rate of payment is too high. They charge £25, while the others are about £20. That is a cause,—I don't know whether the main cause. The Musselburgh people have found that a living was to be made, and others have followed their example. If the system of competition is carried out to an undue extent, it is certainly calculated to injure the patients. On the other hand, the spirit of competition should have a good effect upon an institution, because the better it is kept, the better chance is there of obtaining patients. I am persuaded that parochial boards would send their patients to a cheap house, even if one a little dearer was better in every respect, and had all the necessary appliances for treatment. Economy, in fact, is their chief object.

Improvement of Houses at Musselburgh.

Causes of Increase of Licensed Houses at Musselburgh.

Influence of Competition on the Condition of the Patients.

Economy the chief Object of Parochial Boards.

The objection I have stated to the crowding of the galleries, is a great reason against one public asylum for all the paupers throughout the country. If the cheapness of a house implied a deficiency in food or treatment, I would object to it. And no doubt it has a tendency to imply that. But I learn from very good authority, viz., from the inspector of South Leith, that they can give their patients in South Leith poorhouse lunatic wards, four good meals, and keep them in a very comfortable

Comparison of the different Descriptions of Asylums.

South Leith Poorhouse.

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state, for about half the Morningside charge, viz., £12. They have very good accommodation in South Leith; and, perhaps, they can purchase food cheaper by getting it along with the provisions for the ordinary paupers. I don't understand that they keep in these lunatic wards only incurable cases. They have two keepers; I don't know whether they are paid. I rather think that they work also in the poorhouse; but I think they have one on pay. On the whole, I think there would be an advantage in a large asylum, if it were properly regulated. It would be better than private houses, provided the numbers were so limited as to prevent that crowding in the galleries and dormitories already spoken of, and also to enable proper classification of the patients to be made. I have good reason, however, for believing that the rate of mortality is less in private asylums than that which obtains in large public establishments.

Dr. Howden. 20th Nov. 1855.

19. Dr. James C. Howden, Assistant-Physician to the Royal Edinburgh Asylum.—Sworn and Examined.

Condition of Lunatics in Shetland.

I was in Shetland last summer, and I had some conversation with parties living in Lerwick about lunatics. From what a gentleman told me, I believe they do not send lunatics to an asylum till they come into the hands of the procurator-fiscal. I saw several insane people going about the streets of the town. This gentleman said he thought there were about 15 lunatics in asylums, and 15 staying with their friends,—that is about 30 in the whole island. I saw one woman in a very excited state, with a crowd of boys running after her. This gentleman told me that she had frequently begged to be sent to an asylum, and that she had threatened to do some injury to herself or some other person in order that she might be sent there.* All the pauper lunatics from Orkney and Shetland are sent, I think, to Morningside. Those that have come since I have been there, are incurable, from being too long detained at home. I was informed that they were very kindly treated by their friends in Shetland. I believe the cause of their detention at home, is that the landed proprietors are taxed very heavily already; and the land is of so little value that they don't wish to increase the burden by sending patients to asylums. I cannot say if there are 15 Shetland patients in Morningside. Those that I saw—that woman in particular—had been going about for a long time in that state. Most of the cases coming from Inverness, Ross, and the North, to Morningside, are generally incurable—from long detention at home, I think. I have heard that Orkney is very much the same as Shetland.

Patients received at Morningside from Orkney and Shetland are generally Incurable.

Cause of their Detention at Home.

Patients from Northern Counties generally Incurable.

Pauper lunatics, besides never being sent to an asylum until they come into the hands of the public prosecutor, are, I believe,

* This case was sent to Royal Asylum, Edinburgh, in January 1856.

generally detained even then in gaol for some time at Lerwick, in the hope of their recovery. How far expense is considered in allowing the insane to remain at home, I am not prepared to say; but that in some cases it is certainly not diminished, the following instance related to me by Mr. Hay of Lerwick will show:— [Appendix M. No. 19.

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Question as to Economy.

One of the healthiest and most industrious of the Shetland fishermen, had an only child who was an imbecile. The parents were most devoted in their attentions to the boy, who required constant watching and nursing. The mother's health giving way, she became unequal to the task, and the father had to abandon his seafaring life in order to take care of his child. From poverty and care, the father's health also broke down, and, when I was in Shetland, father, mother, and child, were a burden on the parish, and likely to remain so. Had the parents been relieved of the burden of this imbecile in time, they might now have been not only independent themselves, but even able to aid in his maintenance.

Wednesday, 21st November 1855.

20. Dr. David Skae, Resident Physician to the Royal Edinburgh Asylum.—Sworn and Examined.

Dr. David Skae.

21st Nov. 1855.

I am resident physician of Morningside Asylum. I am appointed by the ordinary managers; and am removable, I believe. My whole time is given to the Institution; I am allowed, however, to give advice in cases of insanity, in consultation. I am not obliged to receive all cases in the Institution. It is left to me to admit or refuse the patients, with certain exceptions:— the parishes of St. Cuthbert's, Edinburgh, the Canongate, North and South Leith, and Duddingston, have a right to send their pauper lunatics to the Asylum, so that I am obliged to receive all these. I would not exercise my power of refusal in the case of pregnant females, or epileptics, or persons who had attempted to commit suicide, or dangerous lunatics. When the house has been very crowded, which it frequently is, I have always given preference to recent and curable cases. It is entirely because of the crowded state of the house, if I refuse patients. I would not consider it a reason for refusing a case, that the patient was pregnant: on the contrary.

By whom Appointed.

Duties.

Power to refuse Cases.

Obligation to admit Cases from certain Parishes.

Preference of Admission given to recent Cases.

I have frequently persons presenting themselves to me, feeling that lunacy is coming on; I have always put myself in communication with the families of these parties. If they were sufficiently sane, and safe enough to be trusted, I have directed them to get the assistance of their friends, so that the necessary warrant might be obtained for their admission. If they were in a dangerous state, I have detained them till their friends were aware of their admission, so that they might take the necessary

Voluntary Cases.

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Dr. David Skae. 21st Nov. 1855.

steps. In regard to cases being more or less recent, they vary very much; those from a distance being generally of longer standing than those from the immediate neighbourhood. The cases from the northern counties are, I should say, invariably incurable and hopeless before they reach me. I believe this arises from unwillingness to increase the burdens on the parishes; there is delay, on the part of the inspectors of poor, in sending their patients. I don't think this arises from objections on the part of friends; but I am not much in contact with the friends of patients from a distance. As a general rule, I should say the cases from the North are in an incurable condition. There are patients belonging to the North who are admitted as recent cases; but they are sent in by other parishes, not directly from the North. All patients coming from the North are, generally, in a hopeless state before they are sent. A few cases are admitted in a dying state. These would make the rate of mortality appear higher.

Cases from a Distance are generally of Long Standing, and frequently Incurable.

Dangerous Lunatics.

A considerable number of cases are sent by the procurator-fiscal, under Act 4 and 5 Vict., c. 60, mostly from Edinburgh. These are called dangerous or furious lunatics. In some counties, I believe, it is the practice always to send lunatics to asylums at the instance of the procurator-fiscal, and not at all by the inspector of the poor. I was told that this was the practice in regard to all patients sent from Falkirk. Whether it is the case or not, I cannot say from my own personal knowledge, so few have been sent to me; but Dr. Girdwood said that they now send all their cases through the procurator-fiscal, because, formerly, they were taken out by the inspectors of the poor, before they were cured: but now they can't be taken out without the consent of the procurator-fiscal, and without medical certificates. I believe, also, that the cases from Orkney and Shetland are sent in invariably, or nearly so, by the public prosecutor. The inspectors never interfere, I believe, to send lunatics to an asylum, in these districts, unless complaints are made that they are dangerous, or unless some act of violence is committed: then the case is taken up by the procurator-fiscal, and sent in at his instance. I only know this from report, not from my own personal knowledge.

In some Counties Patients sent to Asylums invariably by Procurator-fiscal.

Reason for this.

Practice in Orkney and Shetland.

Removal of Patients to Asylum.

Cases from distant parts generally come in the custody of a sheriff-officer; females are not accompanied by females. I send for both private and pauper patients in all cases where I am requested to do so. Indeed the printed forms that are in use in the Asylum, state that I prefer sending for them in order to avoid harshness. I never make any use of chloroform in removing patients; I would certainly consider it objectionable to do so. All the patients I receive are not under the warrant of the Sheriff of Midlothian. They may be sent under the warrant of the Sheriff of any other county, at the instance of the procurator-fiscal, under Act 4 and 5 Vict. c. 60. But other cases

Chloroform not used.

Under what Warrant.

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that do not come through the procurator-fiscal, may be sent at the instance of the Sheriff of a distant county, the consent of the Sheriff of this county being obtained; that consent is appended to the warrant. Patients from a distance are generally received under the warrant of the Sheriff of this county; a very small proportion are admitted under the warrants of Sheriffs of other counties. In fact, I don't remember any for some years. I receive dangerous lunatics pending the investigation by the Sheriff. The investigation generally lasts a week. The patient is re-examined in the following week; he is sent into the Sheriff Court; the examination takes place in his presence. It very seldom happens, so far as I know, that such cases are dismissed from being found not to be insane. In the case of dangerous lunatics, the Sheriff of this county says that it is not necessary, by the Act, to back any of the warrants from Sheriffs of other counties; he considers that a dangerous lunatic may be removed directly by the warrant of the Sheriff of the county from which he comes, under the previously referred to Act.

Admission of Dangerous Lunatics pending Investigation.

In the management of the house, and in the classification of the patients, I am allowed to follow my own views. So also in regard to diet. The dietary of the pauper patients is fixed, but I have the privilege of ordering any extras I think necessary. I can increase the ordinary bedding and clothing also. I have authority to order whatever I think necessary for the well-being of the patients. I have never been interfered with by the managers in regard to clothing or diet, or anything affecting the comfort of the patients. I regulate their occupations and amusements. There are committees appointed by the managers. The medical board are to be referred to when any medical question is under discussion, such as the appointment of a resident physician or other medical officer. They never visit the house; and take no cognizance of the management of it. In case of accident, or suicide, occurring in the house, it is customary to call a meeting of them, that they may report to the managers. But in general they take no charge in the house, unless called upon in cases of that sort. There is a visiting committee, which visits the asylum regularly once a week. Its functions are to regulate the general management of the house. Its members go over the whole house very carefully at certain times; but these times are not fixed—probably once in three or four weeks. They see every patient. I don't think these visits cause great excitement among the patients; there are always three members who visit; I sometimes accompany them. They occasionally make suggestions as to the management of the house to me. They record their visits in a book, and enter their suggestions. I have not the power of inspecting that book; but if there are any suggestions, an extract of them is forwarded to me by the clerk. They are generally known to most of the patients; they act as a house committee,

Powers as to Management of Asylum.

Functions of Medical Board.

Visiting Committee.

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Responsibility of Resident Physician.

check the expenditure of the house-steward, and regulate all the affairs connected with the house. I have no charge of the management of the stores. My functions are limited to the medical treatment of the patients. I take a general superintendence of the whole establishment; and I am held responsible for the good conduct and efficiency of the officers under me. I am expected to check the store-books of the house-steward from time to time, and act as a check upon him. The duties of the visiting committee are laid down in the printed regulations of the Asylum. The managers fix the rate of payment for the pauper patients at their annual meeting.

Visits by Sheriff and Medical Inspector.

The Sheriff and medical inspector visit twice annually; I think there is no fixed time; I am never aware of the day they are coming. The Sheriff never visited without Dr. Renton, and Dr. Renton has never visited the Asylum alone. He has occasionally come out to inquire after individual patients. I could

Nature and Object of their Visits.

not say what I consider the object of the Sheriff's visits to be. I could not say whether they are to see that no patient is improperly confined, or that the management of the house is properly conducted. He makes no inquiry as to the treatment of the patients; he speaks to those who address him; he goes through the whole house, but is not at all particular in looking into the sitting-rooms. He does not go through all the dormitories. I should say he does not see all the patients. The medical inspector makes no inquiry as to the diet or clothing of the patients, or as to the state of the bedding; or if there be any cases of restraint or seclusion. The visit appears to me to be a mere matter of form. If any patients, hearing that the Sheriff is in the gallery, appeal to him for their liberation, he listens to their story, and Dr. Renton talks to them a little, and afterwards asks me the nature of the case—whether the patient really should be detained, or whether it is a case that ought to be liberated. In one or two instances Dr. Renton has suggested that certain cases had been long enough in the Asylum, in his opinion; and I have acted upon that hint. These are the only suggestions I remember of by the medical inspector. He never made any remarks on the treatment of the patients, or the management of the house.

Visits by Inspectors of Poor.

The inspectors of the parishes of St. Cuthbert's, North and South Leith, and other privileged parishes, visit the house, generally with committees of their parochial boards, for the purpose of seeing their own patients. Sometimes they go through the house; sometimes the patients are brought to them, just as they themselves wish. I could not venture to say how often they visit. They do so very frequently—quite frequently enough. The inspectors of distant parishes occasionally, but very rarely, visit the Asylum; only, I think, when bringing another patient. They seldom come expressly for the purpose of visiting. There

have been no visits from justices of the peace within my recollection. The clergymen of the parishes from which the patients come, frequently visit, to inquire after the patients. These visits are generally to satisfy the friends who make inquiry of the clergymen. The Roman Catholic priest visits occasionally, when sent for, but not otherwise. Persons are admitted to see their relatives in the Asylum. Two days are set apart every week for that purpose. It is left to the discretion of the medical officers to admit them or not, according to the state in which the patient may be. If the patient is in a fit state to be seen, no obstacles are thrown in the way.

Visits by Justices of Peace and Clergymen.

Visits by Friends.

As to the classification, there are four departments. In the first, which occupies a detached part of the house, are the excited and noisy patients; on the basement floor of the house are mostly the epileptics and imbeciles, and patients who are dirty in their habits, but not noisy; in the second gallery are the irritable but cleanly, in fact those occupying, as regards condition, an intermediate class between the convalescents and the recent cases; in the third gallery are the quiet and industrious, and convalescent. This classification is very nearly kept up. All classification depends in great measure on the habits of the patients, rather than on their exact state of mind.

Classification of Patients.

In the pauper department there are some patients who are not paupers. Our average number in the western department is about 500; of these upwards of 400 are paupers. I don't think we have single rooms sufficient for the treatment of these; I am obliged to throw the cases more together than I like. Some parts of the house are very much more crowded than they should be; accommodation is now being provided for about 180 patients. Single rooms are to be provided in each gallery, and a large number of single rooms in the new separate building. I should think the proportion of one-third single rooms amply sufficient; I should think less might do on the male side of the house. Women require more single rooms; they are more apt to talk during the night, and are more irritable. They are less out in the open air. Some of them, however, work at field husbandry; I had a large number employed lately for some weeks. The proportion of single rooms at present is very small indeed. There are 12 rooms for each sex, capable of being occupied as single rooms, or large enough to be used to accommodate three patients. From the crowded state of the house, I generally use some of these as dormitories for three, and some of them as single rooms, so that the number of single rooms varies according to the emergency. There are not in general many patients in seclusion; but a larger number than there would be, if that part of the house were not so crowded; I think there is only one in seclusion at present. They are sometimes put in a dark room—not always—when secluded. I sometimes use mechanical

Number and social Position of Patients.

House is overcrowded.

Enlargement of House.

Proportion of single Rooms supposed necessary.

Present Proportion of single Rooms.

Patients in Seclusion.

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Mechanical Restraint.

restraint—generally a sheet rolled round the arm, so as to prevent the patient from getting out of bed. That is sometimes used during the day, but very seldom. I only use restraint for the medical treatment of the patient, where I think he would suffer from being allowed the use of his limbs. There are a variety of occupations. Generally from 90 to 100 are employed in field labour. We have about 33 acres of land in cultivation; there are about 45 acres altogether. All the land is in our own hands; none is let now; we did let some until within the last twelve months. Hitherto it has been sufficient for the employment of the patients, in consequence of the large amount of work we have had to do in levelling and making roads. But after it is brought into cultivation, I think the quantity will be too small. I should think for an asylum of that size, if a dairy were to be attached to it, a farm of 200 acres would not be too large. I have no doubt we could cultivate profitably a farm of that size; and we could then afford to take patients for a smaller payment.

Occupations.

Quantity of Land.

Quantity which might be cultivated.

Heating of House.

The heating of the house is partly by open fire-places in the sitting-rooms, but chiefly by a system of hot water. The system of ventilation does not entirely satisfy me. I have called the attention of the managers to it again and again. The parties who put in the heating-apparatus,—Haden of Trowbridge,—have repeatedly endeavoured to amend it; but it is still defective, I think. It was one of the earliest apparatuses put up by them, and, I think, is not equal to those put up more recently. The air is admitted at the lower part of the room, and sent out at the upper. The apparatus now being arranged for the additional buildings in course of erection, will admit the hot air at the upper part, and discharge it at the lower. There will be open fire-places in addition. All the methods of heating at present in use, appear to proceed on the assumption that all the windows and doors must be kept shut. When this is done, they generally answer very well; but they are all incompatible with open windows and open doors.—Open the windows to let in the fresh air, and the whole artificial ventilation is disordered, very often reversed, and the warm air is sent out of the house instead of into it. I think we still want a good system of artificial ventilation, compatible with open windows and doors. On the whole, I would prefer open fire-places. I think, if they are to be generally used in asylums, we would require some sort of guard to prevent accidents. The old house at Morningside is heated by hot air. The single rooms derive the hot air from apertures in the door. The windows may be kept open at night, but the general practice is to keep them shut. I don't think the rooms get very close. They are too small. Some of the doors have moveable panels to admit the air from the corridor. I think they are too small, and, in consequence,

Ventilation.

Incompatibility of present Methods of Heating with open Windows.

Heating and Ventilation of Old House.

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Dr. David Skae.

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insufficiently ventilated. In a single room there ought to be 1000 cubic feet of air for each patient, and, if the patients are together, not less than 700 for each. The present quantity in the associated dormitories is from 492 to 517 cubic feet.

Standard Allowance of Air to each Patient.

Actual Allowance.

The servants are approved of by me before being engaged; and I endeavour to keep up as high a standard as possible, but that is very much determined by the wages allowed. Generally speaking, the attendants belong to the class of mechanics, industrious tradesmen, and servants,—female domestic servants. There is some difficulty in procuring good female attendants. It is more easy to procure male attendants, although that has been more difficult within the last year or two, in consequence of the war. The highest rate of wages for males attending paupers is £33 per annum: that is for an ordinary male attendant, not a head attendant. The highest rate to ordinary female attendants, at present, is £20. They begin at £12; and the males at £24. The attendants have very seldom any experience in the treatment of patients when they come first. I prefer them without experience. I have power to appoint and dismiss them without any control by the managers. The increase of wages from time to time induces them to remain; and their clothing is made in the house at a much lower rate than could be done out of it. The attendants on the better classes of patients receive the same wages. They are not promoted from the pauper department to the private department. There is a night-watch in the pauper department. He visits both the male and female departments of the house. It is part of his duty to visit the whole female side of the house during the night repeatedly. I see no objection to that arrangement in an asylum where there are no single rooms. He goes into that part of the house where the single rooms are, but, if the patients require watching, a female is allowed to sit up. He could, if he chose, go into the females' rooms: if he were a man without character, he might do so. All depends on the character of the man. I never had any reason to regret his appointment. When there was a female night-watch, I know that the duties were not performed. The duties are to go round the house at certain periods, to visit the sick in particular, to administer medicines statedly, according to directions received from the medical officers, previous to the commencement of the rounds. It is not his duty to take up the dirty or wet patients: that is done by the parties having charge of the ward, where the dirty patients are. There is a nurse who remains up to a certain hour in that ward, and goes to bed after having performed her duties. A few patients go beyond the bounds of the asylum, under the care of attendants; and a few are allowed to walk abroad on their parole. In most instances, this is an introduction to being liberated; but in some, the liberty is given to incurable patients. We have had

Attendants:

Rate of Wages.

Appointed and dismissed by Physician.

Night-Watch.

Duties of Night-Watch.

Patients go beyond the Boundaries of the Asylum.

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no reason to regret granting this privilege. Very rarely has it been abused. Carriages are hired for the better patients; we contract for them. Occasionally, in the summer-time, patients go to the sea-side for a few weeks. I have never applied for leave from the Sheriff; they are sent on the ordinary warrant. They go both in parties, and singly. I have taken lodgings almost every summer at Portobello or neighbourhood for individual patients, but I have never taken a cottage for two or three, or a furnished house for a larger number. The high class department of the asylum is on too small a scale to admit of such a thing. With a greater number of patients, I should think it would be very desirable.

Carriage Exercise.

Patients at Sea-side.

Amusements.

Weekly Ball.

We have a great variety of amusements for the patients. There is a weekly ball, at which the males and females meet. Strangers are admitted, under certain restrictions. Admissions are mostly given to the friends of patients, and to parties who contribute to the amusement. I believe, in one or two instances, parties have complained of their friends having been seen by strangers; but I have not heard the objection made more than once or twice. Any such objection may be obviated by relatives intimating that they don't wish patients to go to the ball. The presence of strangers has a beneficial effect on the patients; they join in the amusements, and are not there as mere spectators. I avoid giving orders for admission to parties who ask them out of mere curiosity.

Religious Exercises.

Prayers are read every morning at eight, in the chapel; both sexes attend. There is a chaplain, not resident. He visits occasionally during the week, but prayers are read by one of my assistants regularly. On Sundays, there is divine service twice. There is also a chapter of the Bible read in every parlour of the house, every evening, by one of the attendants. The chaplain has a key, and can visit when and where he likes. I have perfect confidence in him; but I don't think the plan a good one. He is an old officer of the house; his salary is £70 a year; and we have his exclusive services. He lives in Edinburgh, and it would be a considerable distance for him to come in the mornings to read prayers; but he visits very frequently.

Chaplain has Key of Wards.

Records.

None of the books mentioned in the statute are kept; it exempts public hospitals. There is a regular case-book, containing the history of each patient. A weekly return is made to the managers; and a daily return is made to the treasurer and secretary, of the number of patients in the house; employed: in seclusion; &c., with the names of those admitted. There is also a similar weekly return kept, as a permanent record in the Institution. There is no book for the inspection of the Sheriff and medical inspector; but there are various books kept. There is a register of the admissions, which contains an entry of the name of each patient, date of admission, names of the parties signing

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the medical certificates, of the Sheriff signing the warrant, of the party responsible for the payments for patients, &c. There is no other record of seclusion or restraint, but the daily and weekly returns mentioned. The Sheriff and medical inspector never asked to see any of the books. They are all open for inspection should they wish to see them.

Procedure on Discharge of Patients.

When patients are cured, intimation is sent by me to the party responsible for their maintenance, or to the relations, or to the inspectors of poor in the case of paupers, stating that they are well, and requesting them to make arrangements for their removal, on or before such a date. They are dismissed by me, on my own responsibility, except in the case of patients sent in at the instance of the procurator-fiscal, under 4 and 5 Vict., c. 60, who are dismissed by the warrant of the Sheriff. No notice is given to the Sheriff of the dismissal of ordinary patients. Arrangements are made as to parties receiving them on their dismissal. They are never dismissed in a weakly or dying state, unless they are removed at the special request of their friends, in order that they may die at home; they are never removed with the view of lessening the apparent rate of mortality.

Manner of Removal from Asylum.

The inspectors of poor, for the City and St. Cuthbert's parishes, generally come to receive their patients. Those of other parishes make arrangements; in the case of distant parishes, the patient's expenses are paid, and charged to the parish. Their place is taken out in the boat or coach, and paid for, and a few shillings are given them to pay expenses. In a great many cases the friends come for them.

Removal of Patients to St. Cuthbert's Workhouse.

A number of cases have been removed to St. Cuthbert's workhouse lately. They were removed by the inspector on the recommendation of two of their own medical officers. I understand that the Sheriff has licensed a portion of St. Cuthbert's poorhouse as a madhouse. I refused to give any advice as to their removal, except to afford every information as to the nature of the case, the habits of the patient, &c. A great many patients have been removed from time to time;—there was an epidemic of removal—a fit of economy. Since the 26th of September last, 24 males and 21 females were removed. Probably, about 60 belonging to the parish still remain. Most of those taken were imbecile, harmless, and incurable patients. A few of them had been trained to work in the asylum; there was a good carpenter, a good tailor, a good painter; and, I believe, they were taken out in hopes that they would do a good deal of work in the poorhouse. But I understand they have refused to do any work since they went there. The parochial committee, with the inspector of poor and his assistant, and their own medical officers, made the selection. Cases have been sent us from St. Cuthbert's since the opening of their own wards. They continue to send us curable cases. I don't think any of

Number of Patients Removed.

Nature of Cases Removed.

By whom Removed.

Mental Condition of Cases Removed.

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them were curable patients that were taken away from the asylum; but several of them were in my opinion very unfit for the workhouse. They were capable of appreciating the comforts and advantages of an asylum. The workhouse is just a workhouse, and like every workhouse is made as miserable as possible. It is intended to be a test-house for the poor, and holds out no inducements beyond the necessaries of life. I consider it a most inhuman thing to send a lunatic there, as long as he is capable of appreciating any of the comforts of an asylum.

Removal of Cases to Licensed Houses.

Inquiries by Inspectors as to Prospect of Recovery of Patients.

Patients probably removed if Answer unfavourable.

Cases are frequently removed to licensed houses from Morningside. They are almost always incurable cases. Generally toward the end of our financial quarters, I receive letters from various inspectors of poor, in different parts of the country, asking my opinion as to whether certain cases are likely to recover. If I say that they are very hopeless and not likely to recover, probably I get an intimation soon afterwards that they will be removed at the end of the quarter to another asylum. If I say they are likely to recover, they are probably allowed to remain. The inspectors don't take into account whether they are able to appreciate the comforts of an asylum—merely if they can be cured. It is done as a matter of economy; for no other reason, I think.

Rate of Payment for Pauper Patients.

Cost of Provisions and Clothing.

Excess of Income.

How employed.

Our present charge for paupers is £25, including clothing and all expenses, and £22 to privileged parishes; I don't think the patients cost so much. The actual cost of provisions will probably not exceed £10 a year, and clothing will be about £3. The rest must go for medical attendance, servants' wages, interest of debt on the Institution, rent, &c. At the end of the financial year there is generally a surplus; for one or two years there was a deficit. We accumulate for the purpose of extending the Institution. There is no accumulation made from the profits of the pauper patients. By the charter, I think, the only accumulations that can be made are from legacies left to the Institution, and from one-tenth of the profits of the higher class of patients.

Outlay for Paupers equals their Payments.

The outlay for the paupers is not less than the sum paid for them. I have no doubt that, adding all the items I have referred to, the paupers cost the sum I have named—putting an equal share of the expense on them.

Amount of Debt and Feu-duty.

There is about £12,000 of debt. We pay £10 an acre for the ground, as feu-duty.

Calculation of Profit from Land.

From calculations which I made with the gardener, (charging the Institution with the vegetables at the market price, and charging him with the rental, at £10 an acre, for all the ground, including pleasure-ground as well as arable ground,) he had a profit of £200 or £300 at the end of the year. A small part of the land is sown in wheat, or oats, or turnips. We consume the greater part of our own produce; we sell only the wheat, and occasionally turnips.

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Criminal Lunatics in Asylum.

I think there is only one criminal lunatic in the house; he was, I understand, sent in under a special order of the Court of Justiciary. He was tried for murder, and sent to the Asylum for life. Some five or six years ago, one or two criminal lunatics were removed. I could not say if the case I have mentioned was returned along with the others. I got no intimation of the proceedings, except that an officer came with authority to remove certain parties named; I can't explain why he was not removed.

Removal of Patients against the Opinion of the Medical Superintendent.

Parties having the Power of Removal.

A considerable number of patients are removed without my authority, and contrary to my expressed opinion,—sometimes by the parochial inspectors. I have no power to refuse the inspectors of poor. The Sheriff's warrant is not required when a patient is removed. The party who sends in a patient has, I think, at all times a right to remove him, as it is to him the Sheriff granted the warrant. I could not refuse to allow the removal, even if I considered the party dangerous. I lately took a receipt from the inspector of poor of Kirkcaldy in something like these words:—"I hereby acknowledge having received —— from the "Royal Edinburgh Asylum, after having been warned by the "physician, that she was highly dangerous to herself and "others." This patient was put to live with her father and mother, very aged people. The father is out all day at work; the mother is left in the house alone, and I think she is exposed to extreme peril. The patient is epileptic. The chances are in favour of the old woman being murdered. That was five years ago; I don't know whether the patient is still alive. I don't liberate dangerous lunatics, committed by the Sheriff under the Act 4 and 5 Vict. c. 60, without a warrant. In the case of a party confined on the warrant of the Sheriff of another county, under said Act, I don't consider that the authority of the Sheriff of Edinburgh is necessary for his removal; but I do consider necessary the authority of the Sheriff on whose warrant he was confined, or that of the procurator-fiscal.

Liberation of Dangerous Lunatics.

Removal of Pauper Lunatics.

Power of Relatives to remove Pauper Patients.

I think it is inconvenient that inspectors should have the power of removing patients contrary to the wish of the physician. I can't say what the law is, as to relatives removing pauper patients. Practically speaking, it seems as if the power lay with the inspectors. I invariably refuse to allow the friends to remove a patient without the authority of the inspectors; the inspectors may refuse to give any authority beyond saying that I may discharge the party if in my opinion he is fit to go. My invariable answer to the relatives is that in my opinion the patient is not fit to go, and that unless the inspector give authority to remove him contrary to my opinion, I cannot allow him to go. In some cases the inspectors have written saying that they have no power to prevent relatives from removing patients, and authorizing them to be handed over; in that case I have given them up. That would be reported by the inspector to the Board

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of Supervision. I once complained to the Board of Supervision of the removal of unrecovered patients by inspectors. They said they had no power to prevent it, but that they had power to order the patients in again if they were not fit to be at large. In the case of ordinary lunatics from distant counties, the warrants require to be endorsed by the Sheriff of this county—whether they are paupers or otherwise, unless when sent to the Asylum under the Act 4 and 5 Vict. c. 60. I refused to keep Begg, on the ground that he was a criminal lunatic. I have uniformly refused all criminal lunatics. He had committed an act of homicide while in confinement in a private asylum at Musselburgh, and was judicially found insane. I thought he ought to have been made a criminal lunatic. How it happened that he was sent in under the said Act, as a dangerous lunatic, at the instance of the procurator-fiscal I cannot say. It seems to me that in Scotland the term dangerous lunatic is extremely vague. I refused him on account of the other patients. I think that the mixing of criminal lunatics—persons who have committed acts of a criminal nature—with other patients, exercises a baneful influence on their moral treatment, and on the general *morale* of the house. I have one patient named S. who is very homicidal, and has repeatedly made attempts to murder the medical officers and attendants. I consider him an extremely dangerous man. He is constantly kept in his own room, except when walking once a day with an attendant. He has been visited by the Sheriff, whom I always ask to see him. On one occasion, I endeavoured to get him converted into a criminal lunatic. He assaulted an attendant with murderous weapons. I immediately sent to the Sheriff, and charged the man with a criminal assault. The Sheriff had him sent to jail, and laid the case before the crown-counsel; but they refused to bring it to trial, and the patient was sent back to the asylum. We made a proposal to the Prison Board to make the eastern department of our buildings a criminal lunatic ward. It was entertained, I believe, but thought too expensive. But I think the whole of the eastern house might with great advantage be converted into a criminal lunatic asylum for Scotland,—better suited as it is for that purpose, than for the present residents. The rooms are very small, and the arrangement is very bad.

Power of Board of Supervision to prevent Removal of Patients.

Case of Begg, a Dangerous Lunatic.

Effect of placing Criminal Lunatics with Ordinary Patients.

Case of a Dangerous Patient.

Proposed Conversion of the Eastern Department into a Criminal Lunatic Asylum.

About 70 is the largest number of patients in any one of the galleries of the western building. The present arrangement is an accidental one. When the house is completed, I don't think there will be so large a number in any one gallery. If the gallery is large enough, I don't consider that there would be any disadvantage from so many as 70 patients associating together. I think it an advantage that every gallery should contain a sufficient number of patients for three attendants; because if there were only sufficient for one man, and if he were called away, the patients

Number of Patients in one Gallery.

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would be left alone. I have had patients who could only speak Gaelic; there are almost always attendants in the house who can speak Gaelic.

Gaelic Patients.

No Retiring Fund for Attendants.

There is no retiring pension for servants who have been long in the asylum; and no fund for attendants severely injured by patients. I don't know any case to warrant me in saying that the managers would do anything for these attendants; if they did, it would be entirely a gratuitous act on the part of the managers.

Voluntary Patients.

A considerable number of patients offer themselves for admission. These are generally cases of suicidal impulse. They comprise also patients who have been in the asylum before,—cases of acute mania or periodic attacks of mania, which they feel coming on. There are also persons who have a propensity to drinking; these form a large proportion of the suicidal cases I have referred to. It is advisable to place all such cases under immediate care and treatment. Cases of *delirium tremens* when in the Asylum generally soon become well. I do not find the Sheriff inclined to order them out too soon. I might leave them to the powers of the law without their being sent out too soon; but generally the friends are apt to interfere. I have often allowed patients to go home for a month; in all such cases I allow them the privilege of going into town under parole, to test them. I consider the original warrant to remain in force in these cases. There are great difficulties in the way of doing anything for these cases of *delirium tremens*; some regulation might be laid down by which parties might be deprived of their liberty, and kept under a certain amount of restraint or surveillance for a while. As to voluntary patients, there is a considerable delay in the preliminary steps which must be taken, and I think it might be rendered legal to retain such parties for a certain number of hours or days, till these necessary steps were taken. One day, a gentleman from India walked into my dining-room, and asked me for God's sake to keep him or he would certainly destroy himself; he had no relatives in Edinburgh. I found a gentleman who was an old friend of his family, and I sent for him and he got the warrant. But for that, I must have taken on myself the responsibility of retaining him without a warrant, till I communicated with his friends in Aberdeen, and that would have subjected me to penalties. I think it might be rendered legal to keep a patient under such circumstances. As to his signing an agreement,—if he is fit to be detained, he is not fit to sign an agreement.

Cases of Delirium tremens.

Interim Dismissals.

Suggestions as to the Management of Cases of Delirium tremens.

Suggestions as to the Management of voluntary Patients.

Unlicensed Houses.

I know there are cases placed with private parties without any legal restraint. That goes on to a considerable extent with reference to persons who ought to be in an asylum. There was a man—R. C.—who took in patients at Trinity. I don't know of others at the present moment, but I am frequently applied to by dissenting clergymen, and, in particular, by young medical men,

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who have commenced practice in country districts, to recommend one or more patients to them. But there are parties who take lunatics as inmates, who are totally incompetent to manage them. I cannot say that many are admitted into the Asylum who have been under the care of such parties, but there are some who have been in private asylums, in the hands of persons quite unfit to have charge of them. I think that parties placed with incompetent persons are mostly sent there by relatives, with a view to avoid what is considered the odium of sending them to a public asylum.

So-called Nervous Patients.

I believe there is a considerable number of nervous patients, so-called,—persons not entirely fit to be at large, under their own care. I have been occasionally consulted as to such patients, resident in Edinburgh, but whether reported to the Sheriff or not, I could not say. I visited a lady in Park Place, for some time; she was an old lady; I should not say she was a lunatic, but she was not fit to take care of herself. Her case presented peculiarities which were scarcely such as to justify her being sent to an asylum. I don't think an impression exists that, at Morningside, patients are kept too much in; I think I rather get the reputation of letting them too much out. I don't think it is considered a prison; it is the odium of being in a madhouse which influences the minds of all persons who wish to keep their friends out—a vulgar prejudice. If we had intermediate establishments in some way, they might meet the difficulty—establishments called retreats for ladies and gentlemen labouring under nervous affections, the words asylum and madhouse being carefully excluded. I think 400 patients are about the maximum number that could be treated in an asylum; that is, be managed by one man. If that number is exceeded, his duties may be deputed to others, and not so well done. From all I have heard, I consider licensed houses in a shocking state. I have not seen much of them, but I have a good many patients who have been in them, and the accounts they give of their treatment are such as to convince me that they must be very bad indeed. I am decidedly of opinion that all pauper lunatics should be sent to public hospitals. I think it was a great mistake that the Poor-law Act should have abrogated Fox Maule's Act on that point. We took the opinion of counsel, and they thought that clause of Fox Maule's Act was abrogated by the Poor-law Act.

Suggested Establishments for Nervous Patients.

Proper Maximum Number of Patients in an Asylum.

Condition of Licensed Houses.

Pauper Lunatics should be placed in Public Asylums.

Clause of Lunacy Act on this Point abrogated by Poor-Law Act.

Admission of Sane Cases.

I have had patients that I thought ought not to be in an asylum. There was one case of a young man who was admitted; he was brought with a medical certificate under the warrant of the Sheriff. I considered that he was quite sane, and I intimated my opinion next day to the medical men who signed the certificates, asking them to come to the Asylum, and bring with them, if they chose, Dr. Christison, or any other man of eminence. I

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said, also, that if they did not come I would discharge him. They did not make their appearance, and I discharged him. He was sent in by his father and brother to prevent him from marrying; but he married the young lady and went to Australia. His friends really believed him to be insane. The marriage was an exceedingly foolish thing in the circumstances, and he had said some very odd things in a boastful way. When reminded by his father that he was penniless, he said he had plenty of money, and could keep his wife quite well. I don't recollect any other case.

Recommendation as to Medical Certificates.

Defective Condition of the Law as to the Removal of English and Irish Pauper Lunatics.

I think it would be very desirable that the medical men should state the grounds of their opinion that a person is insane. I think the existing law in regard to the removal of pauper lunatics belonging to England or Ireland, from this country, is very defective. Acting under the existing laws for the removal of paupers not lunatics, the inspectors of poor have, in many instances, removed pauper lunatics from asylums, on an order of a justice of the peace, taken them to England or Ireland, and there set them at large, even in cases which I should have considered dangerous. I think we want some enactment by which pauper lunatics so transferred should be received into asylums in England or Ireland. That should be made imperative on the parties. There was one lunatic in Hanwell, and afterwards in Morningside, a very accomplished young man, who was twice sent by the parish of South Leith to Sunderland. They had discovered that was the place of his birth, or at least that a person bearing the same name, was born there 40 years before. They got an order from a justice of the peace, and took him to Sunderland. The workhouse inspector there said,—"He is not "my pauper; you have no proof that he is the man you say he "is;" and he flung the papers over the top of the gate, and refused to have anything to do with him. On both occasions he had to beg his way back here.

Beds and Bedding.

All our patients have separate beds; none of them sleep naked. They have all body-linen, which is changed once a week. The mattress consists of sea-grass.

More Asylums required.

I think we require, at least, two new pauper asylums to accommodate the pauper lunatics of Scotland. I think there should be one in Inverness; and another in the West of Scotland, in Renfrewshire or Lanark, for the accommodation of those coming from the West Highlands.

Insufficiency of official Inspection.

I don't consider the official inspection of asylums sufficient; I think it is quite inadequate. It is very desirable that all asylums should be open to inspection, particularly private asylums. In public ones, there is sufficient guarantee to the public for their good management; but, in the case of private asylums, and lunatics placed in private houses, there ought to be additional inspection. No doubt, the experience gained by

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Suggestions as to Legislation: Regarding Licensed Houses. Regarding Poorhouses.

an official inspector in a public asylum might be of use in a private one.

I think there ought to be a board for licensing the houses. So far as I know, the persons now licensed are, generally speaking, not proper persons to have the care of lunatics. Certain qualifications ought to be required; and the house ought to be seen to be fitted for the purpose; and the number of lunatics should be restricted to the accommodation. I think it is a great pity that lunatic wards were ever allowed to be connected with workhouses; but, certainly, if the system is to be continued, the patients sent there should be those only who are fatuous and imbecile, and incapable of appreciating, or deriving any benefit from, an asylum. The decision of the cases to be removed should be with the medical officer of the asylum from which they are to be taken, or with a legally-authorized inspector.

Regarding Patients who are dangerous.

There is a defect, too, in our law, I think, by which a patient can be removed by the inspectors of poor, or by his relatives, without reference to his being dangerous. I think a certificate that he is dangerous ought to be a bar to his removal by any one, except to another asylum. I think it would be desirable that we should have the power of refusing to allow patients to be sent where we know they would not be taken care of. There was a case the other day of a dangerous woman sent to Morningside. She was re-examined by the Sheriff the following week, and the inspector of poor of her parish, (the City or St. Cuthbert's,) objected to sending her to Morningside as being too good for her.* She was sent to a private asylum in Musselburgh. Almost all the male patients from North Leith have their hands tied behind their backs when they arrive at Morningside. We have not made representations to the authorities on the subject. The patients from the northern counties are generally bound with canvas or with ropes, on their arrival; and I have frequently seen ulcerations produced by the ropes. They are generally in a bad bodily condition. They are generally cases of long standing.

Case belonging to St. Cuthbert's sent to Musselburgh.

Cases arrive bound.

To the Royal Commissioners in Lunacy for Scotland.

22*d November* 1855.

Gentlemen,—When I had the honour of being examined before you yesterday, I was so feeble from recent indisposition, that, partly from this cause, and partly from a feeling, towards the close of my examination, that I was the occasion of keeping a medical man from Glasgow waiting in an adjoining room, I gave some very imperfect answers to questions put to me,—some of them involving very serious matters of consideration. I wish to correct that defect in my evidence, so far as I can by the following statement, regarding which I shall gladly give evidence again if that is considered necessary.

* Vide *ante*, p. 354.

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Suggestions for Legislation in Cases of Insanity from Drinking.

1. I stated that I had not myself found much difficulty, *generally*, in treating cases of oinomania or insane drinking, in consequence of the want of any legal enactments regarding such cases. I ought to have added, that I have in one or two cases felt very much the want of the legal recognition of this affection as a form of insanity, requiring and justifying the seclusion and restraint of an asylum for its treatment; and have had to deplore the fate of several patients who were prematurely liberated from this defect; and that I am fully alive to the great necessity there is for some jurisdiction on this subject for the protection of life and property. In regard to a remedy, it has often occurred to me that an approximation to the French practice might be advantageously introduced into ours in regard to such cases, (and perhaps to some others of nervous disorder, not generally regarded as amounting to insanity by medical men, or at least by the public, but requiring control,) viz., by appointing a committee of the person consisting of the two males nearest of kin to the party, two medical men, and the Sheriff of the county; and that this committee might have the power given to them of depriving the individual, in such cases, of his personal liberty, by consigning him to an asylum or house for the treatment of nervous maladies, &c., until such time as the committee was satisfied he was fit to go at large. Such cases to be reported to the inspectors of asylums, commissioners, &c., as the case may be; and the house or houses where such persons were kept, to be subject to inspection, &c., like asylums in England.

Present and future Accommodation for Lunatics.

2. I stated that I believed the addition of *two* public asylums for Scotland would, in my opinion, with those presently existing, provide accommodation for the pauper lunatics of Scotland; provided a certain number, as at present, were still allowed to be retained in the lunatic wards of workhouses. There remains much to be said in regard to the existing public asylums; some of them are not yet completed, and would require to be so, in order to meet the wants of the community. Some of them are partially occupied by patients above the rank of paupers, who would require to be provided for. Some of them are heavily burdened with debt, and that debt weighs injuriously upon the rate-payers, increasing the rates of payment, and operating to prevent lunatics being sent to the asylum if it possibly can be avoided. The debt acts injuriously in other respects, but more particularly by preventing those asylums being completed, so as to provide for the pauper lunatics of the district. The difficulties of any general measure for providing asylum accommodation for the pauper lunatics of Scotland, so as to include the existing institutions, are very great; the opposition so effectually made to the late Lord Rutherfurd's Bill, is sufficient evidence of this. I believe the peculiarities of each asylum would require to be matters of separate consideration and negotiation, so as to forestall the opposition which another bill would engender.

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3. When asked what occupations were provided for the patients under my charge, I mentioned gardening; and this led to questions as to the number of acres under cultivation, &c., so that I had no opportunity of completing my answer to the question, which I now do by enclosing two blank forms of the daily returns made by the attendants from each gallery, which will show the various other occupations provided for the patients.

DAILY RETURN.—FIRST MALE GALLERY.

No. of Patients,_____ (Empty Beds,_____) _____185

Employed.	No.		No.
Tailors,.....		Admitted from	
Shoemakers,.....			
Carpenters,.....			
Blacksmiths,.....		Removed to	
Upholsterers,.....			
Painters,.....			
Saddlers,.....		Escaped from	
Masons,.....			
Plasterers,.....			
Slaters,.....			
Plumbers,.....		Having Fits,	
Printers,.....		} No. of Fits,	
Bookbinders,.....			
Engravers,.....			
Glaziers,.....			
Turners,.....			
Mat Makers,.....			
Oakum Pickers,.....		Dead,	
Assisting Attendants,			
„ Gardeners,			
		Casualties,	
Total,.....			
Attending Chapel,.....			
„ Ball,.....			
„ School,.....		Attendants on leave for to-morrow,	
„ Fieldgames,			
Remaining in Bed,...			

(Signature)

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Dr. David Skae. 21st Nov. 1855.

DAILY RETURN.—FOURTH FEMALE GALLERY.

No. of Patients,_____ (Empty Beds,_____) _____185

Employed.	No.		No.
Sewing,.....		Admitted from	
Knitting,.....		Removed to	
Bonnet-making,.....		Escaped from	
Embroidery,.....		Having Fits,	
In Laundry,.....		} No. of Fits.	
In Kitchen,.....			
Assisting Housemaid,			
Total,.....		Dead,	
		Casualties,	
Attended Chapel,.....		Attendants on leave for to-morrow,	
„ Ball,.....			
„ School,.....			
Remained in Bed,....		(Signature)	

4. In regard to moral treatment and amusements, the mention of our weekly ball, in like manner, diverted the examination into other channels, so that I had no opportunity of mentioning our library and reading-room, our very ample supply of daily and weekly newspapers and periodicals, our billiard-tables in both departments, bagatelle-tables, games of bowls, cricket, quoits, whist, draughts, &c., our daily walks to the country, drives, pic-nic parties, and other sources of occupation and amusement. In regard to the weekly ball, I ought to have said that since I prevented the ladies and gentlemen (with a few privileged exceptions) from the higher class departments joining in that amusement, I have never received any complaint from the friends of patients as to the admission of strangers. The ladies and gentlemen of the eastern house have their own evening parties, which are strictly private. Amusements.

5. I beg to amend a statement which I made regarding the number of single rooms necessary for a pauper lunatic asylum. When I said I considered, if *one-third* of the *females* were provided with single rooms, this proportion would be amply sufficient, I hesitated, in reply to Mr. Gaskell, to admit that a smaller proportion might be sufficient. On reflection, I feel satisfied, from my own experience, that a considerably smaller proportion of single rooms would be sufficient for all purposes of comfort and treatment.—I have the honour to be, Gentlemen, your most obedient servant, Requisite Number of single Rooms.

DAVID SKAE, M.D.,
Physician, Royal Edinburgh Asylum.

Appendix M. No. 21.

Dr. Harry Rainy. 21st Nov. 1855.

HARRY RAINY, M.D., Professor of Medical Jurisprudence in the University of Glasgow.—Sworn and Examined.

Medical Inspector of Renfrewshire.

I accompany the Sheriff of Renfrewshire on his visits to the lunatic asylums of that county. I am called upon to do so half-yearly: but I have no permanent appointment. I have visited regularly since the beginning of 1853. I have not been called on to visit without the Sheriff; but I have done so on one occasion, I think, to get information about some of the institutions.

Nature of Appointment.

Duration of Visits.

The visits with the Sheriff occupy from an hour to two hours for each house, varying according to the different asylums. We visit two in Paisley, viz., the Abbey and the Paisley parish poorhouses; Hillend asylum; and the Greenock poorhouse. These are not all visited on one day. I have no duties specified to me; but the object of my accompanying the Sheriff is to see the general state of the establishments. I was first asked to make these examinations by the present Lord Benholme, then Sheriff of Renfrew. He furnished me with the reports of the gentleman who officiated before me—the late Dr. Thomson—to shew me the kind of report which he had drawn up, and I was informed that such were the points on which a statement would have to be made by me. I go through all the patients, and examine particularly those who have been admitted since my last visit, look into the dismissals, and see whether there are any patients ill, and inquire into their illness: examine also the reports of the ordinary medical officer, look over the book and see what ailments have prevailed since my last visit. Having done so, I draw up a report embracing the circumstances which I think most interesting, or most important to be known with regard to the admissions and dismissals, and particularly noticing the diseases of which patients have died. I see all the patients; I don't speak to each of them individually, but I see them all. I inspect the whole house and go into every room. I examine the state of the patients as to clothing, and make inquiries into their diet. I may not make inquiries as to their diet at every visit, but I generally inquire of the patients themselves whether they are satisfied. I examine the beds, and see if they have sufficient coverings, and are clean and comfortable. I see also that the patients have sufficient accommodation, that they are not overcrowded, look into the means of cleanliness, and the state of the privies. I cannot say I have inquired as to whether the patients are provided with chamber-pots. I also inquire into the cases under restraint; and see that the records are properly kept. I cannot say that is always attended to.

Nature of Duties of Inspector.

Nature of Visit.

Report by Inspector.

Nature of Inspection.

Hillend Asylum:

I have been in the habit of visiting Hillend asylum. I have done so six times now—first in April 1853, and half-yearly since

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Dr. Harry Rainy. 21st Nov. 1855.

that time; I visited it last in October. I have made reports upon it. I make a separate report with regard to each asylum half-yearly, and transmit it to the Sheriff. There is no particular notice with regard to the accommodation of any of the asylums in my last reports; because the accommodation has been the same all along, excepting in Paisley poorhouse, and also in Greenock poorhouse. With respect to the accommodation at Hillend, I think it admits of question how far it is sufficient. But accommodation which would be quite unsuitable in a town, may be suitable in the country. Hillend, I am disposed to think, is too crowded. At the time they were re-erecting the buildings connected with Greenock poorhouse, a number of patients were temporarily removed to Hillend, and I believe at that time there were more patients in that house than before or since. I cannot say what the precise number of patients was then: at my last visit it was 69.

Accommodation.

Crowding.

Comparative Number of Beds and Patients.

I was not aware that, on the 15th of September, 12 men and 6 women slept two in a bed, and that 3 women slept in one bed. I knew of two being in a bed in some cases, but I was not aware of three being in one bed, in any case. I certainly did not ask if three were in one bed. I can give no information as to where the patients slept when there were 103 of them in the house. It is possible they might have been placed on temporary beds on the floor. On the 4th October 1853, there were 97 patients in the house. I understood that was a mere temporary arrangement while the Greenock poorhouse was being got ready. In April 1853, the number of patients was 94: that was the date of my first visit. Dr. Thomson's previous report was nearly twelve months before that. The house appeared to me to be fitted up with bedsteads then, much the same as it is now. I never perceived a diminution in the number of bedsteads.

Number of Patients at different Periods.

Nature of Inspection of House: Bedding.

I generally went to all the sleeping apartments, and looked at the sheets and beds; those I looked at appeared to me to be cleanly. Generally, I turned up the sheets, and saw that they looked clean. I have no recollection of seeing a straw bed in a trough bedstead. The Sheriff and I walk into the room, look at the beds, and occasionally turn them down so as to see the sheets. It appeared to me that the quantity of bedding was sufficient, and that the coverings were sufficient to keep the patients warm. I can't say that I took up the mattresses to see what the bed was composed of. The patients appeared to me sufficiently clothed; I never observed them without shoes or stockings. I must have been in the house about dinner-time, but I don't recollect seeing the patients at dinner. I have not tasted their food lately, but I did so on my earlier visits. I cannot say I recollect distinctly as to making inquiries with regard to the washing of the patients—there are two or three very dirty patients there. I have had conversation with Mr. Thomson

Clothing.

Diet.

Cleanliness.

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about them. One man attracted my attention, and I found he was in a filthy state. This was on my last visit in October. I mentioned the case particularly to Mr. Thomson, and objected to the man being along with the other patients, for there were four or five in the same room, and the smell was very offensive. There was another individual in somewhat the same state, but not to the same extent. I did not ascertain where these men slept.

Patients placed to sleep naked together.

I was not aware that Mr. Thomson was in the habit of taking off the body-linen from the patients before putting them to bed. I was not aware of two men having been placed to sleep together naked in the same bed. I would consider that a very improper thing. So far as I know, the patients have not suffered from excoriations or bed-sores. In making the visitation, I have a copy of the names of all the patients, and I make inquiries about any cases that are particular. I go through the house with that list, and see all the patients. I also see the newly-admitted individuals, and examine them particularly. On most visits, of course, some of the patients wish to be dismissed; it is very much the same patients who make these applications. I would not think it proper treatment for a patient recently admitted, to be placed to sleep in a bed of loose and dirty straw, along with two other women of confirmed dirty habits. I was not aware of such treatment.

Sanitary Condition of House.

There were some cases of fever in the house, chiefly in 1853 and 1854. There has been a very considerable mortality there; from 5th April 1853 to 1st October 1855, there have been 39 deaths. The causes of all these deaths are not in my reports. I inquired about the causes so far as they were ascertainable. I think the atmosphere of the rooms is not satisfactory. The present Sheriff and I have spoken to Mr. Thomson very particularly about that; we did not think it satisfactory. In one of the apartments, at last visit, the atmosphere was very bad, in consequence of the man I have before referred to being in the room. I directed him to be taken away and washed immediately, and on his leaving the room the atmosphere became very different. I don't think the house admits of very good ventilation; the ceilings are low. The rooms are warm enough; I think there are stoves in the day-rooms.

Ventilation and Heating.

Means of Exercise,

I am disposed to think that the patients scarcely get a sufficiency of exercise; I don't think the airing-grounds to which they have access are sufficient. They are small, but the circumstance of their being in the country makes the airing they get more beneficial than in an equally extensive airing-ground in the town. But I think it is desirable to have more extensive airing-grounds. The patients did not appear to me—particularly the men—to be provided with much occupation. Their means of recreation seemed to be reading; but I am afraid they are not very well supplied with books. I think Mr. Thomson

of Occupation and Recreation,

told me they had some means of religious instruction. I think the asylum affords curative means for the recovery of the patients, but whether they are adequate is a different point; I am not quite sure that they are adequate. The number of patients dismissed cured from the asylum since my inspection commenced, is 62.

Of Curative Treatment.

The Sheriff and I go without giving notice of our visits. I have held conversations with Dr. Mackie, the medical attendant of the house. I have very great confidence in him. I know him to be a very respectable medical man. Sometimes we inspect the records before going to examine the patients. That inspection is very short; we generally make a point to get into the wards very rapidly. The records appear to be well kept. My impression is that a record is kept of the cases of restraint— whether exactly according to the terms of the Act of Parliament, I could not say. I never saw any patients fastened to rings in the walls, or to chains attached to the bedsteads. I believe there is very little restraint used. I am not aware of patients habitually under restraint. If there are, that would prove the record to be insufficient. I have never found any under restraint in my visits; but I have a distinct recollection of cases reported as having been under restraint. It is possible the restraint might be removed before I got into the wards. I believe there is one man of extreme violence, who requires to be put under restraint sometimes. I don't recollect any record of restraint at my last visit. I don't recollect the case of a patient from Girvan, who, you state, has lost the use of an arm from restraint. I am almost certain Dr. Mackie would not have sanctioned any restraint of that description.

Notice of Visits.

Statutory Records.

Patients under Restraint.

I generally countersign the remarks of the Sheriff. We generally mention how the house is conducted, and in what state it appears to us to be in at the time. I think I must have been in the privies in the yards: they are not properly arranged.

Remarks by Sheriff and Inspector.

Greenock poorhouse is, I believe, licensed for the reception of all kinds of patients. They are almost all fatuous or idiotic. Recent cases would be sent there also. They have maniacal patients now. The poorhouse in Paisley is for the reception of all cases occurring in their parish. They are chiefly fatuous and imbecile patients, but there are maniacal patients also. I don't think they require particular restraint or seclusion. There was one woman under restraint at Greenock when I was there. She was in a state of great violence, and in a room by herself, where she could not do herself any harm. There was no restraint beyond shutting her up. The accommodation for violent patients is as good at Greenock as at Hillend. When the violence is considerable, they are put into a separate part of the house. How far the noise might be heard I could not say. In the Abbey parish poorhouse, I should not think a patient might

Greenock Poorhouse: Nature of Cases received.

Paisley Poorhouse: Nature of Cases received.

Abbey Parish Poorhouse.

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be heard over the whole house. I have seen very violent cases there. No complaints have been made as to the difficulty of accommodating noisy patients. The state of things you have mentioned at Hillend is very unsatisfactory; I am not aware of maltreatment in any other house.

Irregularities in keeping Records in Paisley Poorhouse.

In Paisley poorhouse it repeatedly happened that the books were not in the institution on our visit; they had been carried away by the medical attendant; and the way in which the medical records were kept was unsatisfactory. Various remonstrances were made about it; but on the last occasion of our visit, we found that one patient had been nearly two days in the house, without his name having been entered in the books at all. The Sheriff took particular notice of that case, and a promise was made that anything similar should not occur again.

Suggestions as to Inspection: as to Period of Inspection.

I think it would perhaps be desirable that more frequent inspections should take place. They should be more irregular. They generally take place during the April and October circuit in Glasgow; and the keepers of asylums know that they may expect them at that time. The Sheriff is then in Glasgow. He fixes the time, and asks me to accompany him. My appointment is not a permanent appointment, and I don't know whether I shall be called on next half-year. I suppose the Sheriff would not object to my making an inspection without him; on one occasion I made a particular investigation at Hillend without him.

Paisley Poorhouse.

The present Paisley poorhouse was opened in its present form, I think, in 1854. There was a place there before, which the late Dr. Thomson and I objected to, on various grounds, and there was a new erection—the present one—in consequence of these remonstrances. My opinion was taken as to whether it was suitable. I made a complete inspection of the premises, and I considered it suitable for the number of patients. The Greenock poorhouse asylum was opened, I think, also in 1854. I was not called on to inspect it before it was opened; but it appeared to be sufficient for the number of patients.

Greenock Poorhouse.

Position of Medical Inspector.

My appointment, as I have stated, is not permanent. I do not consider myself in any way officially appointed to make these inspections. I just get a note from the Sheriff, asking me to accompany him on a certain day. When I send in my report to the Sheriff, my responsibility is at an end. I have no power of ordering anything; I may suggest to the Sheriff. After making my report, I don't consider myself justified in visiting again till I am asked. I have no official status, and would receive no professional remuneration if I were to visit. I am sure the keepers of asylums would not refuse me admission; but they would have it in their power to do so, because I have no official appointment. No doubt, if I were writing to them, as to anything which I considered wrong, they would pay

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attention to it; but I could not do so with any official authority. I consider that a defect. It is impossible for a person with no official appointment, and no responsibility, to take up these matters in the way that an official person would.

Remarks on the Disposal of Pauper Lunatics.

I am disposed to think that it would be better if pauper lunatics were in public asylums. The Paisley patients were sent to Gartnavel while the poorhouse was being rebuilt at Paisley. On their return, I asked how they liked Gartnavel, and I found that, almost universally, they wished to get back to Paisley. They felt themselves lost in Gartnavel. In general, I think maniacal patients, at all events, would be better in an asylum. The facility of friends visiting is, no doubt, a great comfort in many cases. It would be desirable to have public asylums in different districts of Scotland. There should also be a classification of patients, for many dislike being in a crowd.

Patients' Preference for small Asylums.

District Asylums.

Suggestion as to Treatment of Cases of Delirium tremens.

I have a very strong impression that cases of delirium tremens should be confined for a longer time after their apparent recovery, than they are at present. I think it would be very beneficial to have a probationary period. I don't know whether the present law would admit of that. I would not place the power of detaining these cases in the hands of the keepers of asylums, but in the hands of the Sheriff, or of some independent authority. I would also allow people to place themselves voluntarily under control. I have had several patients who have gone back to asylums, and insisted on being taken in. One of my patients, who had been in Morningside and Dumfries Asylums, came to my house on a Sunday, and insisted that I would send him to Gartnavel. I thought it better that he should not go, but he set off for the Asylum, and was admitted; and the Gartnavel people came to me for a certificate, on which they got a warrant. I think he had a suicidal propensity. He was given to secret vices. It was not a case of delirium tremens. I think it is possible that acts of suicide might be diminished if such cases were allowed to be admitted. These particular cases are not violent, but rather desponding. I would not hesitate, in such cases, to give a certificate, especially if I knew that the party had been insane before.

Voluntary Patients.

Present System of Inspection not advantageous.

As to discharging patients, it appears to me that the present arrangement, by which sometimes one medical man, and sometimes another, is appointed to investigate cases of lunacy, is not an advantageous arrangement. Neither is the system of inspection. For example, I have inspected the Renfrewshire lunatics for three years; but the Lanarkshire lunatics are inspected by two medical men, sent from the Faculty, in rotation. I don't think that a good arrangement, because it is impossible for persons to take such an interest in the subject, or understand it so well, who are perpetually changing. I would think it an improvement, therefore, to make the medical inspectors more per-

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Suggestions as to Procedure in doubtful Cases of Insanity.

manent. It is also my opinion that in deciding *on the liberation or dismissal of doubtful or disputed cases*, it would be better to have permanent medical officers, who should examine and report to the Sheriff; rather than individuals casually appointed, as at present, to examine and report with regard to each individual case. There are frequently cases of extreme difficulty to decide, and it would be much better to have one or two individuals permanently appointed, than sometimes one, and sometimes another medical man, appointed by the Sheriff.

21. Mr. George Croll, Inspector of Poor, Perth.—Sworn and Examined.

Mr. George Croll. 21st Nov. 1855.

Parish of Perth.

Number of Pauper Lunatics belonging to Parish.

Removal of Patients to Musselburgh.

Cause of Removal.

Rates of Payment at Perth and Lilybank.

Former Difficulty of Admission into Perth Asylum.

Special Cases.

I was appointed inspector when the Poor-law bill passed in 1845. In July last, we had 33 pauper lunatics in asylums. We have 4 with their friends. Of the 33 in asylums, 30 are at Lilybank, Musselburgh; 2 in Murray's Royal Asylum, Perth; and 1 at Montrose. Those now at Lilybank were formerly in Murray's Asylum, Perth. The reason we removed them was that Murray's trustees put a most enormous ransom on them. We only paid £16, and they raised the rate to £25.* When I paid £16, I provided clothes. At Lilybank, we pay £20, and the clothes are provided; and at Murray's now the charge is £24, with clothes provided; so that our board saves £120 every year. It used to be difficult to get the patients into Murray's. I had to hunt Dr. Malcom night and day; but we can get them in, as many as we like now. I put one, about a month ago, into Murray's. I was going to send him to Lilybank; but Mr. Gray, the Free Church minister, pays the difference of £4 on the charge. There is a lady in the Asylum at Perth; her friends in America paid her board, and the trustees of the Asylum thought very much of her, and they keep her in the second or third class at a low rate; and she plays the piano and acts the lady among them. I said if she was put away she would not live a month: meaning if she was sent to Musselburgh, or sent to any other place; and so she is kept there. Dr. Malcom and the committee can take in patients at anything they like. If any respectable man's wife turns lunatic, the committee can take her in for nothing; but they won't take a pauper body in for nothing. This lady patient at Murray's was paid for by her friends in America; but they died, and she came on the parish. She is one of these lady-proud things. She would not get her piano at Lilybank. She was a respectable young lady.

Powers of Directors of Perth Asylum to receive Patients at reduced Rates.

Condition of Patients at Lilybank.

I have visited Musselburgh often, and taken the doctor with me; and I have been at Lilybank twice, and the patients are as comfortable there as at Murray's; and they are well pleased, every one of them, and get the same victuals. The way I heard of

* This statement differs from that made by Dr. Malcom. See p. 390.

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Mr. George Croll. 21st Nov. 1855. Their Removal from Perth.

Lilybank was by getting circulars. I sent an officer over to see what sort of a place it was, and to come back and report. I had only four days to remove the patients; if I had kept them in Murray's four days longer, the month would have been begun, and they would have nailed me for another quarter. It was not very honourable only to give four days' notice. However, I called a meeting of the board that very night, and they said, You'd better send Rolley over to see what sort of a place Lilybank is. So I did that, and tumbled them away by the railway, and emptied the house at once. I wrote to the Board of Supervision after they were removed. I don't think I wrote before, but I could not be positive. I don't know whether the Sheriff of the county knew. I think Sheriff Barclay knew. I don't think there was any warrant from the Sheriff. I can take them out of any place I like. The moment we stop paying, Murray's people would stop keeping them. I had no difficulty in getting warrants for their confinement at Musselburgh. The two surgeons at Perth sign the certificates, and the Sheriff signs the warrants, I suppose, as a matter of course. I could not say whether the doctors saw them. I sent a man and a woman with them, and a man and a woman came for them. I got a 'bus and took them from Murray's to the railway, and they landed at Lilybank that night.

Notice of Removal to Board of Supervision. To Sheriff.

Manner of Removal.

Choice of Lilybank.

The officer who went to Lilybank came back and reported to me. I fixed on the house through his report. He did not look at any other house in Musselburgh. He is an officer that goes errands for me,—a sort of messenger. I could not say why we went to Lilybank more than to any other house. There are dearer ones than Lilybank; I understood it was as cheap as any of them. The officer was instructed just to look at Aikenhead's; he said he had plenty of room for them. After they were there, I and the chairman went and visited them. We were there in 1854, and a month ago.

Some Insane Paupers not reported to Board of Supervision.

There is an idiot in the parish not reported to the Board of Supervision. There is a boy living with his mother in the Cutlog Vennel. They are not reported; they are kept by the parish. I thought we did not require to report them. If it is necessary, I can report them yet. The idiot lives with her mother; she gets 3s. 6d. a week for keeping her. I have seen some cases turned 70, get a man to wait on them. The doctor knows when there is any chance of recovery, and I just take them off to Lilybank. If I thought there was any chance of recovery, I would keep them on, and get somebody to look after them; but that is a very dear way of keeping them. I have kept them eight days or a fortnight to see if they had any chance; if not, I send them away. I have kept them in their own houses, or taken them into our lodgings in the Cutlog Vennel. That house pleases me well enough, but I don't know

Detention at Home of curable Cases.

Parochial Lodging-house.

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Mr. George Croll. 21st Nov. 1855.

if it would please everybody;—it is the poorhouse. Our paupers average 90 in number. If a man and his wife quarrel, and are taken to the police office and get 30 days, I have to provide for the family, and I take them into the lodgings for that month. If I were to board them out, it would be a very heavy board. I don't believe a lunatic was ever kept there more than three weeks. I scarcely think any cases get well there. To keep them in order, we put on a strait-jacket, and sometimes we tie them down on their beds. I am not certain whether we have one or two strait-jackets; but we have plenty of straps. As long as they are under our care, we don't report them to the Board of Supervision, nor to the Sheriff, nor to anybody. I am answerable for them. I would be fined £50 by the Board of Supervision if I did not look after them; but, if I am doing wrong, I am willing to alter it. I have had street-women, in a beastly state of intoxication, for perhaps three weeks; and what can we do with them except strap them down till the whisky is out of them, and then they are well enough. I am not much obliged to the police for taking up these people.

Restraint used there.

Cases there not reported.

Notice to Friends of Removal of Patients to Musselburgh.

When the lunatics were sent to Musselburgh, some of their friends got word, and some did not. One Walker, got word of his brother; I saw him and told him. Others got notice that they were going away, and that they could see them at the station; the greater number of them did not get notice. They did not complain to me of their friends having been taken away. Whenever the friends call on me, I give a line to Aikenhead to let them in. I never paid anybody's expenses to go and see their friends. They never petitioned the board to get money; some of them would go over every week, if I were to pay their expenses. Aikenhead requires a line from me before he lets them in. I never got a letter from any of the patients there. The friends don't very often apply for a line; they never made any complaint about the expense of going. By the cheap train they would pay 4s. 11d. to Edinburgh, and they would get a 'bus from that to Aikenhead's. It would take 12s. perhaps to go there and back. If they like to petition for their expenses, I will lay it before the board; it is not likely the board would grant them. It cost us nothing to remove the patients; Aikenhead paid all; I paid the 'bus from Murray's Asylum to the railway, as they did not want to walk through the town. Aikenhead's people paid every farthing of the expenses. I could not have had the conscience to ask them to pay the 'bus. Aikenhead always sends for new cases, and there is not a farthing of expense to us connected with them. Aikenhead pays the expenses of funerals and sends the account to me. I pay for that. I don't recollect getting word of any sick patients. The doctor signs a line saying what they were seized with, and what they died of; that is not till after the death. I may get

Visits by Friends to Musselburgh.

Expense of going to Musselburgh.

Patients removed at Aikenhead's Expense.

Notice of Illness of Patients.

this line the very day of their death, telling when they are to be buried. There is generally no time to send to their friends; but I report to their friends that they have died. I get a letter to-day, perhaps, telling me they are to be buried to-morrow; that is generally the way. There was a number of deaths last winter. I brought them before the board, and they said it would never do, and that I must get a line. I wrote to get the doctor's certificate, saying what they died of. I got a letter from the doctor describing every case, and I showed it to the board, and they were satisfied. I think there were four or five deaths. I paid nothing for doctors' certificates on removal of the patients from Murray's; Aikenhead pays all the expenses I know of, except the funerals. We have a doctor to the board; he charges nothing, and I get another doctor; it generally costs 10s. 6d. for a certificate for each patient. We have had one sent home cured. Aikenhead wrote me at midsummer that she had recovered, and that Mrs. Aikenhead had taken her into her own service; and she is off the board. I had an old woman, A., sent home cured; I don't recollect any more. They wrote me that she was better, and might be removed; I did not send for her; I think she was brought over when we were sending some other body. She had daughters in Edinburgh, who called frequently on her. On the occurrence of fresh cases, if I get medical certificates, I think I am obliged to put them in the asylum. I have sent them to Aikenhead's without the authority of the board. In cases of deaths I don't recollect of any friends inquiring; they are mostly all very poor people; it is no great sorrow to friends to hear of their death. I could not tell how often the friends called at Murray's Asylum. There was no opposition to sending them to Aikenhead's. None of the ministers attended our meeting when it was agreed to send them there. It was a pretty full meeting; they were unanimous. Murray's people are a kind of picked lot by themselves: they just do as they like; I have a wheen masters to look after me; but there are none yonder.

Notice of Death and Funeral.

Mortality at Lilybank.

Medical Certificates:

Their Cost.

Recoveries at Lilybank.

Inquiries by Friends on Death of Patients.

Meeting of Parochial Board to send Patients to Musselburgh.

I have been twice at Aikenhead's with the chairman. The lunatics are as well clothed as when they were in Murray's. I paid for the clothing at Murray's; I left it to the managers to get whatever they needed; I told them to make them comfortable. I could not say whether they had flannels last winter at Aikenhead's; I did not examine them, nor ask as to their clothing. They said the food was as good as they used to get. They had porridge, tea, coffee, and broth. I wanted to sup some of it, but it was all done. I spoke to some of them that I thought there was some rationality in, and asked how they were pleased. They had no complaints; they seemed happy to see us. One was handcuffed. W——, I think, was his name; I don't know if he was handcuffed in Murray's Asylum. He ab-

Clothing of Patients at Lilybank.

General Condition of Patients at Aikenhead's.

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Mr. George Croll. 21st Nov. 1855.

sconded and came to Perth, and they came and took him back; they handcuffed him, I suppose, to prevent him from running away. I did not look to their bedding; and I don't think the chairman looked. David Ross was chairman on the first visit, and Bailie Greig on the second. We did not look at their bedding; that was a neglect. None of the patients were working that I saw; they were all walking about—constantly walking. I did not ask where they washed themselves, or what they had to wash in. I did not see whether they had any day-rooms to sit in. They would go into their bed-rooms when they came from walking in the yards. I did not see what they had to sit on; that should have been looked to; I did not see any fires. At Murray's, they were all brought into a room; but I went through Aikenhead's. I could not be certain he did not keep two or three in one bed. It was wrong not to inquire into that. They were all clean and snod to look at. I wrote and told Aikenhead we were coming; but we did not go the time that I wrote; not till a fortnight after; that was the last time we went. I don't think I told him the first time. I took money to pay for them both times; I went into Aikenhead's room, and stopped with him and his wife, inquiring about them. The chairman went away from me altogether. The woman that gets 3s. 6d. a week at Perth, is in a melancholy state. She is on the weekly roll, and it is a case that all the members of the board know of. She has to be fed like a child. Her mother lives with her in the same room. She sleeps in a place where she can sit up; I don't know that she sleeps on straw. The Board of Supervision does not know of that case; but I am willing to report it if you think proper. I will make another visit immediately to Aikenhead's, to look after the things I neglected, if you think proper. I am quite ready to do that, or anything else you recommend.

Case not reported to Board of Supervision.

Thursday, 22d November 1855.

Robert Hunter, Esq. 22d Nov. 1855.

23. Robert Hunter, Esq., Sheriff of Dumbarton and Bute.—Sworn and Examined.

Sheriff of Dumbarton and Bute.

Lunacy in Dumbartonshire.

I have been Sheriff of Bute since 1838, and of Dumbarton since January 1854, when the two were conjoined. We have no asylums or licensed houses in Dumbarton; no poorhouses with lunatic wards,—none licensed by me, and none regarding which any license has ever been brought under my notice. I think there are no houses with single patients. They may be reported to the procurator-fiscal; but I know almost nothing of the state of lunacy in Dumbartonshire; it has never been brought under my notice. I never have had applications to transmit lunatic paupers from that to other counties. There is no report as to wandering lunatics made to me. I have been once

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or twice struck by the appearance of persons, but I never thought myself warranted to interfere.

My attention was at three different times considerably occupied with the state of Buteshire. There are no asylums in Buteshire. There are two houses in Arran, to which I grant licenses, to keep one patient each; these are reported houses; one is near Brodick, and the other near Lamlash. I grant a license for these every year. I consider it is the duty of the Sheriff to visit these houses. I visit them once, and the Sheriff-Substitute once, every year, accompanied by a medical man. The medical fees are paid out of the rogue money. We never had sufficient fees from licenses to pay the expenses attending these two houses.

Lunacy in Buteshire.

Houses in Arran for one Patient.

Visited by Sheriff.

The county is put to very serious expense in regard to lunatics. I cannot state the expense; the expenses are chiefly in the prosecution of dangerous lunatics. They are paid out of the rogue money by my order, which cannot be questioned. They must pay whatever I order. At meetings of the Commissioners of Supply, questions have been raised as to these expenses, but I overrule them on my own authority. They grumble very much, but I never listen to them. I don't consider they have any discretion in the matter. There is a section in the Act, providing that the expenses shall be paid on the order of the Sheriff. If there is any want of funds in any county, I think it arises from want of firmness on the part of the Sheriff.

Expense to County caused by Lunatics.

How Paid.

Objections by Commissioners of Supply.

I see the patients regularly when I visit the houses. One of the patients is an imbecile. I take him apart from the person with whom he lives, and make inquiry as to whether he is satisfied with the treatment, and if he has any complaint to make. I then inspect the house, to see whether everything is in a proper state. The other patient is a lunatic, with whom conversation is ordinarily impracticable; but I make the same inspection. I don't inquire as to whether the accommodation is adequate to the money paid. I just see if they are generally comfortable. I record my visits regularly. Each of the persons with whom the patients are placed, keeps a book; I examine and sign that book. The medical man signs it also. There is a column for restraint-entries. All the statutory rules are applied to these houses; the only one not regularly observed, being the making of returns to the Justiciary Office, and to the College of Physicians. That was attended with a good deal of expense, and I saw no particular benefit to be derived from it, as I know that no use was made of such returns, of which I made two, at a considerable interval, to the Justiciary Office. The fees do no more than pay the medical visitor. The Sheriff and Substitute generally visit while we are holding our courts in Arran, to make the expense as moderate as possible, but still some expense is unavoidably incurred.

Inspection of Houses by Sheriff.

Statutory Records.

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Expenses of Dangerous Lunatics.

Committal of Dangerous Lunatics.

Discharge of Dangerous Lunatics.

Placed in Prison during preliminary Investigation.

The expenses incurred in regard to dangerous lunatics are paid out of the rogue money. The county has not its recourse on the parish. The expense of maintenance is got from the parish, but not the expense of the prosecution. I have committed several dangerous lunatics under the statute. I send them to Gartnavel; I never put them into private custody; I would not consider myself entitled to do so; I would deem it highly inadvisable. I grant a warrant before they are carried out of my jurisdiction, to take them to Gartnavel; I forget to whom it is addressed; and I don't know by whom it is executed. I think the course is to send for one of the keepers from Gartnavel. Females are given in charge only to females. A person confined as a dangerous lunatic cannot be taken out by the parochial board, without my warrant. In that respect, my warrant operates beyond my county. I consider that Asylum as, for that purpose, under my jurisdiction. I have resisted every attempt to send them to private houses. I don't think they are ever refused by Gartnavel; I should say not. Pending the preliminary investigation, dangerous lunatics are placed in prison. They are never kept more than two or three days; I can't say the precise time. We have a very good prison in Arran. I have had fewer dangerous lunatics in Arran than in Bute. I have had no instances of dangerous lunatics being liberated. I hold that a man may be committed as a dangerous lunatic, without having committed any overt act of violence. I think, if the parochial inspectors were very zealous, there would be fewer of these lunatics at large.

Lunacy in Arran.

Evils from Imbeciles being at Large.

Dangerous Imbeciles not under Supervision.

There are, I have good reason to believe, numerous imbeciles in Arran, in consequence, chiefly, of intermarriages. Great mischief arises from imbeciles going about propagating their species. I make this as a general remark, and without having a special locality in view. I have very little doubt that, in the county of Bute, there is a number of persons whom I would hold to be dangerous imbeciles, neither under the cognizance of the procurator-fiscal nor of the parochial board. I think there should be some machinery for investigating these cases, and sending them to asylums where they may be put under treatment. I have instructed my procurator-fiscal, whenever he is in Arran, to make inquiry into such cases and report to me. There is no record of the result of these investigations. He reports verbally to me. I have never been called on by the parochial boards to grant warrants for the transmission of lunatics to Gartnavel. I don't think that in Buteshire such warrants have been granted. I am not quite certain but that one was granted to an asylum in Renfrewshire.

Condition of the Insane in Buteshire.

I should say few or no lunatics are taken out of the county. My impression is that more of them are kept in the county—in private houses. If any are in asylums they have been removed

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without my warrant, and, in Buteshire, I think without the warrant of my Substitute. But nothing almost is done in Buteshire in regard to lunatics except by my own intervention. The parochial boards, so far as I am aware, do not make any distinction between curable and incurable lunatics, as to leaving them in charge of their relatives. I am not aware of any formal notice having been given by the procurator-fiscal to a parochial board, that if they don't remove lunatics he will interfere. I think the procurator-fiscal, in such matters, deals always directly with myself. I have seen a few of that class of houses in Arran in which these persons were kept. They are most wretched cottages, wholly unfit for their reception and treatment,—utterly unfit for their comfortable detention. They are ordinarily among the poorest class of houses, but the accommodation is not worse than for sane people of the same rank. The lunatics are generally boarded in the cottages, and not, so far as I am aware, put into out-houses. But the distinction between houses and out-houses in Arran is very small, as applicable to dwellings of the very inferior kind. With regard to the two houses I have mentioned as being licensed, the persons are respectable; and I granted the licenses on the recommendation of Dr. Smith of Edinburgh, who made an investigation into the state of lunatics with me, in 1843. I was inclined not to have granted licenses, so that the patients might have been removed to asylums; but Dr. Smith thought it better not to remove them from the places to which they had been accustomed, and where they were comfortable.

Description of Houses in which they are placed.

If there are any lunatics boarded by parochial boards in the county, they are unknown to me. Nothing is officially known to me in regard to the state of lunatics, since 1848. I have frequently had conversations with the procurator-fiscal on that point: his general answer is, that he believes there are no such persons boarded, but it is impossible to say. If there are any, I consider they are illegally there. To legalize detention with a stranger, or with a relative for fee or reward, my warrant is necessary. I have not made any investigation since 1848, because I felt unwilling to burden the county with the expense, if I could avoid it. The three last investigations were paid by the Crown, but I was given to understand that the county would be made to bear the next one, and I received remonstrances from the county on the subject; and not receiving from the procurator-fiscal any special information, I did not order any investigation.

Present state of Lunacy in Buteshire.

Former Investigations into the Condition of the Insane.

The penalties are only exigible under the present Acts at the instance of the procurator-fiscal; that is very defective. I would have the prosecution at the instance of the procurator-fiscal, or the Lord Advocate. The procurator-fiscal would not consider it his duty to act, without very express instructions from me to pursue for these penalties, or without my consent at least. I am certainly under the impression that Arran is never free from the

Enforcement of Penalties.

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persons to whom I have been referring, but we cannot get at the truth so as to warrant further inquiry.

There is no instance of a dangerous lunatic being discharged so far as I know. There would be a record kept. I hold there is no right of discharge without my warrant, but this involves a question of law on which grave doubts may arise. I have no check on Gartnavel. I have met with no instance of a person being found insane in bar of trial, or by a jury at the time the offence was committed.

Discharge of Dangerous Lunatics.

Cause of the Investigations in Buteshire.

The investigations into the state of lunatics in Buteshire arose in this way:—The first application made to me was in the year 1842, by Sir William Rae, then Lord Advocate, in consequence of a letter which he received from a person complaining that he was illegally detained. The Lord Advocate directed me to inquire into the case. I gave instructions to the procurator-fiscal; the inquiry was made, and I made a report to the Lord Advocate. I learned, at the same time, incidentally, that there were some other persons boarded as lunatics in Arran. I mentioned this first to the Lord Advocate, and then to the Solicitor-General, and the instructions then given were that a strict surveillance should be kept, that as few cases as possible might occur.

First Investigation.

In the year 1843, I think, I received a letter from Dr. William Thomson of Glasgow, telling me, on the authority of Dr. Hutcheson of Glasgow, that there was, in Arran, a great number of lunatics,—upwards of 100, I think he said, detained without warrant and without license. I immediately went to Glasgow, made inquiry of Dr. Hutcheson as to the matter, and saw a list of the lunatics. I then prepared a memorial and laid it before the Lord Advocate M'Neil, requesting his opinion as to what I should do. The arrangement made was that I should go to Glasgow, and learn by whom these lunatics had been sent.

Discovery that Pauper Lunatics were sent to Arran by various Parochial Boards.

I found they had been sent by the Barony parish, and the City parish of Glasgow; by the Abbey parish of Paisley, and different other places. All of them were paupers. I inquired first, I think, at the Barony parish, how many lunatics they had sent to Arran within a certain time. They gave me the information.—I think it was 10 within twelve months.

Proceedings Adopted.

According to the instructions of the Lord Advocate, I told them they must, at their own expense, remove their lunatics, under my warrant, and that of the Sheriff of Lanarkshire, to Gartnavel; or else that I would immediately prosecute them for the penalties, which would have amounted to £2000. I did the same with the other parishes, by personal interviews as far as I could, and, in all cases, I arranged that they should be so disposed of. I then instructed Dr. Thomson and Dr. Hutcheson to go to Arran and inquire as to the cases, suspected by Dr. Hutcheson originally to amount to 110. But, on inquiry, the number diminished to 70, and a return was

Number of Lunatics discovered.

made to me, I think, of 53 or 54,—the Abbey parish of Paisley having, in the meantime, without my authority, taken away their lunatics to the number of 15 or 16. An application was then made to me, by the procurator-fiscal, for a warrant to convey a number of the patients to the Royal Asylum in Glasgow. In consequence of that, I arranged with Dr. Hutcheson to send down to Arran six or seven of his assistants. I had a Sheriff-officer on the island. I went myself to superintend, and Dr. Hutcheson and his assistants swept the whole of the lunatics into a steamer, and carried them to the Asylum in Glasgow. There they remained. They were never taken back to my knowledge. The expenses were paid by the different parishes. The authorities of the Abbey parish of Paisley, who had, previously, conveyed their lunatics to Paisley, refused to pay, but I compelled them to do so. That put an end, so far as I recollect, to the transactions of 1843.

Some removed by the Abbey Parish to Paisley.

The Rest removed to Glasgow by Orders of Sheriff.

In August of 1844, I think, Lord Advocate M'Neil called on me, and informed me that a question had been put in parliament to Sir James Graham, then Home Secretary, in his (the Lord Advocate's) absence, arising, as I understood, out of Dr. Hutcheson's report; from which it appeared that Arran was still in a dangerous state as to lunatics;—in a word, there was not a very accurate statement of what occurred in 1843, in Dr. Hutcheson's report. Sir James Graham answered that he himself was not aware of the facts, but that he would communicate with the Lord Advocate, and arrange with him that a second inquiry should take place. I went immediately to Dr. Smith of Edinburgh, who went with me to Arran in a day or two, and, by his aid and that of a medical man in Arran, another inquiry took place. Then it was ascertained that the island had been thoroughly cleared the preceding year, and that there were really no lunatics, properly so called, remaining. I may mention that Dr. Hutcheson had some peculiar ideas as to lunatics; and he included in his list persons addicted to intoxication. Dr. Smith held these persons were not lunatics, and excluded them. A report was drawn up by Dr. Smith, and having been embodied in a report by myself, was presented by me to the Lord Advocate. It contained a statement, I think, as to two, three, or four remaining cases, including those two for whom I granted licenses in consequence of the recommendation of Dr. Smith, as I formerly mentioned. That terminated the inquiry of 1844. In 1848, I received information, incidentally, that lunatics were again increasing in Arran. I immediately informed the Lord Advocate Rutherfurd, that such was the case. He ordered an inquiry to be made by the procurator-fiscal. Inquiry was made and reported to him; and it turned out that there were lunatics there without a license. But these lunatics had been sent by the Board of Supervision, and all of them were paupers. The ques-

Second Investigation.

Result of Investigation.

Third Investigation.

Proceedings of the Board of Supervision.

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Robert Hunter, Esq. 22d Nov. 1855.

Collision of Lunacy Acts and Poor-law Act.

Difference of Opinion as to Interpretation of Statutes.

tion then arose, whether the Board of Supervision were entitled to send them without my warrant, and to unlicensed houses. On that subject there was a very marked difference of opinion between the Board of Supervision on the one hand, and the Lord Advocate and myself on the other. Some good lawyers on that Board held that they had the power to send them, while the Lord Advocate and I held that they had not. There is no violation of confidence now in stating that the Lord Advocate's opinion was so strong on the subject, that he was at one time determined to prosecute the Board of Supervision for a breach of the statute. The lunatics had been sent from different parishes in the West of Scotland, but they did not belong to Arran. Afterwards, the Lord Advocate, I don't know for what reason, came to the conclusion that it would not be desirable to institute a prosecution. I think it had been arranged by him and the Board of Supervision, that no more were to be sent without the warrant of the Sheriff, and without a license. But I made no further inquiry, considering it his lordship's duty. And, as far as I am concerned, so it stands at the present moment. I still continue of the same opinion, that the Board of Supervision had no right to supersede my authority. I had at the time some little doubt, whether, construing strictly, I was not exceeding my powers in the measures which I took with regard to Arran, but I held that *salus populi suprema lex*, was to govern. I could not allow 70 or 80 lunatics to remain at large in my county. They were chiefly imbeciles placed with the cottagers, and boarded for a very small sum. They were allowed to go about, none of them being restrained, so far as I am aware. I suspect the practice existed a long time before 1842–43; but, oddly enough, it was not known to the factor of the Duke of Hamilton, who generally knows all about the island, and who was very much surprised when I told him. Of all these three investigations, the expenses were paid by the Crown. No report having been made to me by the procurator-fiscal, so specific as to warrant me to burden the county with another investigation, I did not order it.

Mr. Hunter's Opinion.

Nature of Cases discovered in Arran.

Their Existence unknown to the Factor of the Duke of Hamilton.

Cost of Investigations paid by Crown.

Oinomaniacs.

I think oinomaniacs are not cognizable under the statute. Dr. Smith was clearly of opinion that they were not, and other medical men held the same opinion. I think it would be very desirable that there should be some power of holding these persons to be insane; or, at least, of so dealing with them as to prevent them from being dangerous to themselves or to others. As to the general subject, my view is, that there should be an absolute change of the whole system; but a good deal depends on how far you are to have the means of defraying the expense of the requisite machinery.

Desirability of a Change in the Law.

Suggestions as to future Legislation:

I should certainly be inclined to have a General Board, with medical officers, and proper inspectors. There should be a certain proportion of lawyers at the Board. I would have district

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asylums, and district inspectors; and I would have these district asylums inspected by the district inspectors, along with the Sheriff, because I think it is desirable that his connection with them should be continued. I would not give the Sheriff the power of liberation. A report should be made to the General Board, and such a power should be vested in it alone. But the Sheriff should have power to give orders relative to any matter which required immediate attention. I would be inclined very strongly to do away with licensing altogether, except under very special conditions, and in very peculiar localities. I would grant no license in any place where there was not a medical man conversant with the subject of lunacy within a certain distance—8 or 10 miles,—and where there was not a resident Sheriff or Sheriff-Substitute. I would certainly have no licensed houses in places like Arran, or Skye, where I believe they exist—or in other remote districts, because it is very difficult for the Sheriff to visit regularly, and there is no medical man near, who is capable of judging properly of cases of lunacy. The two medical practitioners in Arran are two respectable country surgeons, but I believe they are not better acquainted with the subject of lunacy than I am myself. If I were to take a suitable medical man from Glasgow, a very serious expense would be incurred, and I believe the county would grudge it while the present system of paying exists. For these reasons, I would limit licensed houses to the distance I have stated from large towns, or from where there was a district asylum. In every case, pauper lunatics should be confined in asylums. I would entirely do away with the practice of boarding. It is impossible that they can be properly treated when they are boarded; and though, in the great majority of cases, they are in no very different situation from that in which they would otherwise be placed, still their situation is so wretched that I think they should be better provided for. I would have them in asylums undoubtedly—not in poorhouses. I am now referring to persons whose removal from their places of abode is dispensed with by the Board of Supervision. I think idiots should be put under proper treatment also. All cases of lunacy and idiocy, as far as practicable, should be put under the cognizance of persons capable of dealing with them. I am inclined to think that the inspection of lunatic asylums should take place four times a year, at the least. I mean inspections by inspectors accompanied by the Sheriff. I would keep up the local weight of the Sheriff: besides, he is the guardian of lunatics under the law. I think the inspections should be pretty frequent and pretty thorough. Two of them ought to be by the Substitute. That would be no great burden on the Sheriff, and I think it is of importance that he should know precisely the state of lunatic asylums in his county.

As to General Board of Lunacy.

As to District Asylums and District Inspectors.

As to Licenses and Licensed Houses.

As to Pauper Lunatics generally.

As to Pauper Lunatics resident with Relatives and Strangers.

As to Idiots.

As to Inspection of Asylums, and the Sheriff's Functions.

There are one or two things connected with the system of pro-

Further Suggestions.

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As to Prosecutions.

As to Modification of Penalties.

secutions which I should like to mention. At present they are very defective and very unmanageable. They are at the instance of the procurator-fiscal alone: I think it would be desirable that the Lord Advocate should have power, by himself or his deputies, to prosecute. Another thing I am very anxious about is, that power should be given to modify the penalties. At present, the penalty for sending a person to an asylum without a license is £200, and for receiving without a license it is £200. Now that is equivalent to a bar of prosecutions. In the great majority of cases, the person receiving lunatics without a license could not pay anything like that penalty, and the hardship of inflicting such a penalty, even on parochial boards, is so evident that it cannot be carried into effect. I mentioned that in 1842–43 the Barony parish of Glasgow had incurred penalties amounting to £2000, every farthing of which would have gone to the rogue-money of the county of Bute. I would leave the Crown to prosecute,—I would not leave it in the hands of informers. I think, also, with regard to dangerous lunatics, it would be of some importance, if it were practicable to define the words "threatening danger to the lieges" more accurately. There was one person in Rothesay who went about the streets with an open knife in his hand, and got exceedingly irritated when teased by the boys. I had no difficulty in holding that he threatened danger. There was a more difficult case of a man of a very gloomy disposition, who would hardly speak to any one. Though he had never broken out into any act of violence, he might have done so, and I held he was in a state threatening danger. Two successive Substitutes in Buteshire differed from me as to the meaning of the statute: one of them held that an overt act, involving actual danger, must be shown; and the other deemed that a state of mind much more intense and excited than I thought necessary, was indispensable to meet the requisites of the statute. In trying such a case, a good deal will thus depend on the opinion of the Sheriff or the Substitute who presides at the trial, as to whether the person in custody is a lunatic threatening danger. And this embarrassing result might be, in some measure, remedied by a more accurate definition.

As to Dangerous Lunatics.

Difficulty of rightly interpreting present Statute affecting them.

Functions and Remuneration of Procurator-fiscal.

The procurator-fiscal is remunerated by the county, for his proceedings against dangerous lunatics. I consider it my duty when I see a person whom I think dangerous, or where a report is made to me by the procurator-fiscal, or by any one in my counties, to direct the fiscal to make inquiry; and if he finds grounds for believing that the person is dangerous, the medical men grant certificates, and I proceed to deal with him as a dangerous lunatic. In the event of the inspector of the poor saying that he will take charge of him, and send him to Gartnavel, I would not give him a warrant, because I think he should be under my own direction.

Inconsistency of the present Statutes.

The statutes are inconsistent and unintelligible in many places.

I think the whole of them ought to be repealed, and a new system altogether introduced. As to what that system should be, I cannot presume to give any opinion. Upon the whole, I approved of Lord Rutherfurd's bill. I thought the machinery too expensive and complicated: but I liked the principle of the measure. I know the county gentlemen would make very serious objections to it. I think it would be advisable to consider how far the county should be burdened with these expenses, and whether there should not be a general rate. But if counties are to be burdened, I think there should be a rate for the purpose irrespectively of the rogue-money. My view would be to lay the whole on the county, not on the parish. I would have an assessment on the county for the purposes of lunatics—for the erection of asylums, and the maintenance of patients who could not afford to pay for themselves, and also for the expenses of the General Board and the necessary staff,—somewhat analogous to the prison rate.

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Robert Hunter, Esq. 22d Nov. 1855.

Recommendation of an entirely new System.

Defrayment of Expenses of any future System.

I know that the practice of sending insane persons to one of the islands of Loch Lomond existed at one time: it is not continued now.

Insane Persons sent to Loch Lomond.

24. John Christison, Esq., Sheriff of Ayrshire.—Sworn and Examined.

John Christison, Esq. 22d Nov. 1855.

I have been Sheriff of Ayr since March 1854. I have had scarcely any experience of the working of the lunacy statutes. There is no public asylum in the county, and, properly speaking, no private one; for although there is a house licensed, it is without a patient. I would not give a license to cottagers to keep lunatics. On one occasion, the Sheriff-clerk was sounded as to whether I would license these cottages generally; and he spoke to me on the subject. I said I certainly should not, because I did not consider that the cottagers had the accommodation, or means, or intelligence, to warrant me in intrusting them with the statutory powers. I would not like to say, without further consideration, whether the Board of Supervision are legally entitled to send lunatics to these houses. I am not officially cognizant of paupers so kept. When an application as to one of these cases was made to me, I was told that the practice was general throughout Scotland; and, for that reason among others, I did not consider it my duty to instruct the procurator-fiscal to prosecute for the penalties.

No Asylum in County of Ayr.

Licenses to Cottagers.

Powers of Board of Supervision.

I see, from the returns you have got from the district constables, that there are about 50 pauper cases reported from my county. I will not give a license for them to cottagers. I have the discretionary power, and I will not give a license, because I cannot do so without giving the parties all the powers under the statutes; and I don't think common cottagers are parties to be intrusted with these powers. There is a poorhouse in Ayr; I

Pauper Lunatics in Ayrshire.

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John Christison, Esq. 22d Nov. 1855.

suggested that if they would collect a number of fatuous paupers there, I might license that house. The answer was, that it would not accommodate the ordinary paupers. I understand they are now building a large district poorhouse, and it is very proper that, in arranging their plans, they should have in view the possibility of having to receive a certain number of lunatics.

Imbecile Females becoming Mothers.

Looking at the Ayrshire returns, it seems that there should be a complete separation, from the rest of the public, of all lunatic women who are of an age to bear children. In the returns from New and Old Cumnock, there are 11 illegitimate children belonging to these lunatic or fatuous women.

Cases requiring partial Relief.

There is one class of patients liable to great abuse,—when the parents of idiots or lunatics are able to do something, but require and get partial relief. In such cases of needy parents, it is scarcely possible that the lunatics should be well taken care of. The system of partial relief does not work well in these cases.

Difficulty of understanding the Lunacy Statutes.

I found the statutes as to lunacy difficult enough to understand when I studied them: that was one reason why I hesitated in giving an opinion, without consideration, for or against the legality of the practice of the Board of Supervision. I certainly think it would be a great improvement if the whole subject was brought within one statute.

Legal Measures in Insanity from Drinking.

As to cases of insanity from drinking, I think it would be very desirable to have some power to place them under proper restraint, because it is really a form of insanity; but any interference is a matter of so much delicacy, that I cannot see my way through the obstacles to legislation on the subject. I have seen some very lamentable cases. It would be more reconcilable with our feelings to interfere, if such cases occurred only among those naturally weak in mind and dissipated; but there are cases on the other hand, where you can see the extreme difficulty of interfering. Sometimes men of the highest mind and greatest intelligence in the country, are subject to that infatuation; and it has often occurred to me to ask,—What could you do in such a case?

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25. Mr. William Porteous.—Sworn and Examined.

Duties in Connection with Lunacy:

I am a clerk in the Sheriff-clerk's office in Edinburgh. I am, *inter alia*, engaged in reference to the lunatic department. I have charge of the applications for warrants, and the preliminary investigations before they are laid before the Sheriff. I consider it my duty to see that the application is correct—properly signed, and properly filled up; to see that we know something of the medical men who sign the certificates, and that they are properly qualified. I have a list of surgeons at a distance, whose diplomas we have seen, or in reference to whom we are otherwise satisfied. We see that they belong to that class which the

As to Medical Certificates.

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statute says are entitled to give certificates. The Sheriff requires the certificate of an additional medical man. He is selected by the applicant. We have no control over his choice, but we see that he is known. We are generally satisfied if we know one of the medical men. We never make inquiry whether the applicant is a relative of the lunatic. We take that for granted. The petition, however, always states the degree of relationship when there is any; if not, we require the petitioners to state the interest they have in making the application, as *e. g.* inspectors of poor. There have been applications of late to the Sheriff to license houses in Musselburgh. No duty devolves upon me in reference to that. I have nothing to do with it. Sometimes the applications are made by petition, and sometimes by letter. The Sheriff makes a little inquiry in reference to the houses. The parties often come to me in the first instance, asking how they are to apply to the Sheriff. I generally tell them to apply personally, or to write a letter, and that if they can produce certificates as to their qualifications, it would be as well. The Sheriff does not look to me, I think, in that matter. He looks at the applications and the certificates, and tells me if he thinks a license should be granted.

As to Petitions.

As to Applications for Licenses.

Application by Mrs. Marks.

I remember an application by Mrs. Marks; she applied in the usual way. I did not know her before; I don't remember whether she applied by petition or by letter. I did not inquire what she was. I don't think anybody inquired what she was. She has not got a license. I don't think she got a patient. She got the Sheriff's sanction; and it was understood that if she got a patient she would get a license. I don't remember how the Sheriff's sanction was given. I think it was verbally to myself. I don't remember who recommended her. I think she had recommendations. I don't know that she kept a public-house in Musselburgh. I was told, about the time, that she did, but that was not in any way official information; I did not inform the Sheriff of it. There was a man told me her moral character was not of the best; I did not state that to the Sheriff; I could not say whether the information was correct. It would have been a proper thing that I should have told him. I don't think Mrs. Marks has had a patient; I am sure she has had none. I had some conversation with her at the time she made the application; I don't remember the conversation. She had called principally to see the Sheriff; I think she called two or three times and could not see him; I should think she saw the Sheriff afterwards. It was about that time I became acquainted that she kept a public-house, and was of bad moral character. I don't think it a matter of course to grant a certificate or license. The Sheriff looks very much to me as to the details of the preparation of the warrant, &c. Had an application been presented in this case, I might still have spoken to

She obtained Sheriff's Sanction.

Previous Occupation and Character.

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Application by Mr. Scott.

Application by Mr. Alexander Moffat.

the Sheriff; the information given to me was not for the purpose of being told to the Sheriff.

I am aware of an application by a person named Scott. I have seen him. He is a relation of a person named Hay, who had a license. I made no inquiry into his antecedents; he got a license.

I know Moffat, who also got a license; I don't know his antecedents. I understand he was a baker in London, and had been unsuccessful. No particular inquiry was made about him. The Sheriff may make inquiry unknown to me. He does not expect me to do it. He satisfies himself, and may perhaps speak to Dr. Renton. He does not expect me to make any report previous to licensing houses.

Dr. Alexander M'Intosh. 22d Nov. 1855.

Glasgow Royal Asylum.

Nature of Appointment.

Proceedings of Annual General Meeting.

26. Dr. Alexander M'Intosh.—Sworn and Examined.

I am resident physician to the Gartnavel Asylum, Glasgow. I was appointed by the Directors, and I suppose, although elected annually according to the charter, that I hold the appointment *ad vitam aut culpam*. There is a general meeting of contributors annually. About 10 to 15 attend. Every person who has subscribed 5 guineas is entitled to a vote for life; so that if there were only two contributors during a year, and eight Directors were appointed by contributors, they would be taken from the contributors of former years.

Physician acts also as Consulting Physician.

His Certificate in this Capacity, taken for granting Warrants.

I am taken out by the leading physicians of Glasgow to consult. Sometimes I recommend patients to be sent to our own Asylum, and sometimes to other asylums, or elsewhere. When I recommend patients to be sent to our own Asylum, my certificate or that of one of my assistants is taken. But in addition to that, there must be the certificate of another practitioner not connected with the Asylum.

Nature of Duties in Asylum.

My duties are over the whole house,—medical, moral, and physical. I don't check the accounts; but I examine the gatekeeper's book daily, and the books of the master of works and gardener weekly. Also the steward's books every week, before they are submitted to the committee; they refer to the house transactions during the week, and the things he requires for the following week. I have two assistants under me.

Non-Obligation to receive Patients.

Limitation of Numbers.

Refusal of Patients.

We are not obliged to receive all patients that present themselves; I may refuse every case. At the time of the prevalence of cholera, we refused a great many, principally pauper patients, for fear of infection. We were overcrowded at that time. I limited the number as far as I could, in order to give every patient 800 cubit feet of sleeping room. We are not in the habit of refusing epileptics. We have refused one or two pregnant women within the last few years. One was refused within the last two

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months. I speak of pauper patients; we refused them because they required to have a place exclusively for them. We would not refuse individual patients, but one was refused from the Infirmary. We don't generally refuse them. We had admitted a poor man who should never have been taken out of Gartnavel, but who was removed against my strong remonstrances. Shortly afterwards, he cut his throat. He was taken to the Infirmary; and he ought to have been kept there till his throat became well, and then been sent to Gartnavel. But a new system appears to have been adopted; and he was immediately sent back to Gartnavel, where he died, I think, the day after his readmission. I brought this case before the Directors, and they passed a resolution that I was not to admit such cases in future, till they were nearly well of their surgical disease. I don't think more than one has since been refused. I would not refuse patients who were in a dying state, merely because they might die in the house. The pregnant women whom we refused, belonged, I believe, to the City parish, and there was room in the town's hospital, or poorhouse. We refused them because they required separate apartments, which we had not; and also because of the trouble and expense they put the Asylum to. I suppose these must be the reasons of the Directors. We don't refuse violent cases; I don't recollect having ever refused a violent case.

Resolution passed by Directors not to admit dangerously wounded Patients.

Cause of Refusal of pregnant Women.

Voluntary Patients.

We have frequently had persons applying for admission, because they felt lunacy coming on. If they come late at night, we take them in rather than allow them to sleep in the fields. I get them certified next day, and get a warrant from the Sheriff; and I communicate with the relatives, and get the matter of payment put right. These cases, when cured, would be dismissed by me. I recollect the case of a gentleman whom I sent to some part of Ayrshire; and on going to my house one night about 10 o'clock, I found him standing at my door with an umbrella, which he held in rather a threatening manner over my head. He said he had been sleeping in the fields, and we gave him shelter. Next day, I took him into town and got him certified. He was then admitted as on that day—not as on the day he came; he came as a free agent. Such cases are principally monomaniacs. We have a few cases of suicidal propensity. I add, with deep gratitude, that no case of suicide has occurred in my practice. After getting the Sheriff's warrant, I would not let a voluntary patient out, unless his surety took him out on his responsibility. He ceases to be a free agent when the Sheriff's warrant is got. But he has free access to the Sheriff.

Districts to which Pauper Patients belong.

Condition of Highland Patients on Admission.

The paupers we have had, have belonged to Dumfries, Ayr, the West Highlands, but principally to Glasgow. Those from the West Highlands are not in very bad condition when received; many of them are curable cases. They generally arrive bound, and I have seen the flesh cut. They suffered for a time from that,

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but not permanently. They are generally fastened with handcuffs or ropes. If they are violent or attempt to jump overboard, they are bound. They generally come in at a late stage of the disease, unless they are very violent. If they do mischief in the streets the fiscal takes them up, and they are sent to the Asylum, and, perhaps, soon get well. But, generally, these patients are late in being sent in. I suppose they have been previously kept in huts, or in any place which could be got for them. I suppose economy is the cause of their being so long of being sent in; and from the desire of parishes not to take on any encumbrance they can avoid. It would be an advantage if they were sent in earlier. They generally arrive in the custody of a constable, or of the minister's man, or of some relation; sometimes the inspectors of poor come with them. Females are not always accompanied by females. My assistants receive them. I am not always in.

Generally received at a Late Stage of Malady.

Their previous Treatment.

How sent to Asylum.

Condition of Glasgow Patients when admitted.

The Barony parish does not now send us any patients. I decline to say anything about the Barony poorhouse. The Glasgow patients are in a very bad state when they are sent in. I admitted one last night from jail. She had only something she got there to cover her, and the things were sent back. I don't mean she was in a dying state—I refer to her clothing. The patients are often very dirty. They are sometimes admitted from Glasgow parish in such a state that death ensues in some days, perhaps hours. They are brought from the wynds and the lowest hovels in the town, in that condition,—frequently in a state of nudity, and dying, worn out by all kinds of debauchery. Occasionally they are brought in that condition,—I would not like to say frequently.

Conveyance of Patients to Asylum.

Upon what Warrants admitted.

I sometimes send officers belonging to the house for patients. I once went to the Continent for one. I never made use of chloroform in removing violent patients. All, except fiscal cases, are admitted under the warrant of the Sheriff of Lanarkshire. I receive fiscal cases under the warrant of the Sheriff of the county from which they come. That warrant does not require to be endorsed by the Sheriff of Lanarkshire.

Powers and Duties of Resident Physician.

I have great power from the Directors, according to rules ch. 10. p. 29, &c. and I am held responsible as the resident head; but I report every week to a meeting of committee, whose instructions I implicitly obey. I am entrusted with the classification of the patients, with regulating their diet, clothing, amusements, recreations, and religious services; with the appointment and dismissal of attendants—not the higher officers. I have the nomination of my assistants, which is almost tantamount to their appointment.

Committee of Visitors.

There is a committee of visitors to visit the house. The rule is that they shall visit once a week. There are 12 of them, but they don't visit so frequently,—on an average, perhaps, once in the two weeks. They visit in rotation, and get notice from the secretary. Records of their visits are kept. Their duties are to

Their Duties.

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go round and see that the patients are properly treated, to hear complaints, and write anything in the visitor's-book they please. There is no medical board, but there are three medical directors on the visiting committee. The president of the Faculty, Dr. Henderson, Professor Pagan, and Dr. Ritchie, take their turn. The professor of medicine, and the professor of anatomy in the Glasgow college, are Directors, and can visit when they please.

Finance Committee.

Rates of Payment for Paupers, how fixed.

There is a finance committee. The committee appoint two of their number at the beginning of every year, and the parochial board of Glasgow appoint two of their managers. One of the bailies of the city takes the chair at the meetings, hears the arguments of these gentlemen, and decides what the rate of payment for maintenance shall be. Since I was there, he has always decided in favour of the proposition of the directors. There are no distinct accounts for private and pauper patients. There is nothing to show what the paupers really cost the house. The Directors, and the treasurer, and myself consider the matter. For 8s. 6d. a week we do not give clothing to paupers. I think that should be supplied by the Asylum. I often have great trouble with the inspectors before I get sufficient clothing. We only supply for one parish; I think this practice should be general. After years of difficulty, we got 1s. a week from one parish; that is quite adequate; it brings the rate to £25 a year.

Actual Cost of Paupers not known.

Supply of Clothing.

Visits by Sheriff.

Object of Visit.

The Sheriff visits every three or four months. When he makes his statutory visits he is accompanied by two medical officers, according to the Act of Parliament. The object of his visit is to hear the complaints of the patients, and see that nothing wrong is going on. He sends for the case-book, and examines me, my assistants, and the attendants. I don't know that he has any power to interfere in the treatment of patients, but any suggestion made by him would be taken into favourable consideration. He has the absolute power of dismissal. He never dismissed any patient without my concurrence. Patients have written letters which I have sent to the Sheriff, and he has asked me for reports with reference to them. So far as I recollect, he has been entirely guided by my judgment.

Visits by Inspectors of Poor.

The inspectors of the poor visit their patients. That is a general practice, but it is not so frequent in the case of patients from remote counties; but it is very regularly done in Glasgow. The city inspector comes with five or six members of the parochial board, and every patient is brought before them, and examined by them and their surgeon, whom they bring with them. They see what accommodation there is for their patients. They sit at a table and all the patients pass before them; then they go to those in bed or in seclusion. They look at the clothing. I don't recollect them examining the beds; they may have done so.

Classification of Patients.

As to classification, violent patients are separated from those

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Seclusion.

who are not violent; the depressed are generally put among those who are lively and happy in their disposition; the idiotic are generally together. I make no use of personal restraint, but a good deal of seclusion. On an average, six or seven patients are in seclusion; but they are taken out and aired every day. I could not say how long they are secluded. When they are taken out, there is no restraint on them, except having an attendant on each side. We have records in which the patients who are in seclusion are marked down. The daily record shews how many days they have been in seclusion,—it does not shew the number of hours. Sometimes these cases are very violent, and we take precautions to prevent them from injuring themselves. We have no padded rooms for the pauper patients. They get a mattress, and other necessary articles proper for them to have.

Deficiency of Airing-grounds.

We have not sufficient space for exercising the females. We want airing-grounds very much. I am sure if we had them, they would tend to diminish the amount of excitement. The Directors have been asked to provide additional airing-grounds; but our debt is £37,000, and the banks are asking for the money. I am empowered to ask you to recommend us to Government for a loan of £35,000. Several of our Managers have given formal bonds for part of the debt. The Asylum was erected by the public. I suppose it cost £60,000 or £70,000. I never calculated the cost of the accommodation for each patient. The architect was Mr. Wilson of Glasgow. I think the greater part of it has been judiciously built and arranged; there has been no reckless expenditure in ornament or furnishings. I don't think the furniture in the new house is more expensive than it should be; it is massive, substantial furniture. I don't recollect the size of the female paupers' airing-ground. We want airing-grounds very much.

Amount of Debt.

Suggested Recommendation to Government for a Loan.

Amount of Expenditure on Asylum.

Occupations of Patients.

The occupations for the patients are tailoring, shoemaking, carpentry-work, smith-work, farming, gardening, picking oakum, &c. The greatest number are employed in field or garden-work. The female patients are employed in the usual house-work, and in summer, many of them also work in the garden and fields. I think we have at present sufficient land for the wants of the Asylum. The cultivation of the land is profitable now; it was not so before. The Directors spent more money on manure and lime, and have now a better return. I don't think we could cultivate more land. Our population is not exclusively agricultural. I don't think providing vegetables, keeping cows, &c., would enable us to reduce the rate of payment. Some of our Directors think it would be better to buy our vegetables than to grow them, excepting for the benefit which the patients derive from cultivating them. We require a head gardener and two or three others to look after the patients. I think there are three gardeners, a ploughman, and a lad to go messages.

Farm.

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There is an old gardener who has been 32 years in the house; he has a sort of sinecure. The quantity of land under cultivation is perhaps about 40 acres; it is cultivated by the plough. Generally, about 40 patients are employed on it.

Attendants.

The attendants are principally got from the agricultural class,—not from the neighbourhood of Glasgow. There is no particular distinction between attendants on private patients and on paupers. I tried gentlemen's servants, but they would not do at all. I train them all myself. I never take any from other asylums. Some remain a long time; others don't like the duty. Their wages are raised when they remain; but there is no pension for old age, which there ought to be, for both officers and servants.

Financial Difficulties.

We can't pay even the interest of the money we are owing. I hope the Commissioners will recommend Government to lend us £35,000 at 3 per cent., to enable us to get out of debt. We are charged £200 or £300 a year for income-tax, and we have no profit. Indeed, we have not been able to pay the interest on our debt. Last year, we paid 5½ per cent., and, I suppose, it will be 6 per cent. this year. I take care that the want of money does not affect the patients. Last year, I launched the Managers into considerable debt, in order to ward off disease, by keeping the patients above it. Otherwise, I suppose 50 of them would have been swept away by cholera, instead of 3 or 4.

Night-watch.

The male attendants are prevented from entering the female department. There is no night-watch except in case of sickness; but very often one or two men and women are up all night. But there is no night-watch going through the house. We would require four night-watches in the asylum; they would be very desirable. The Directors are a most liberal body of men, and are anxious to do everything for the Institution. If they had the money, there is nothing they would not do. We have been losing patients through the town's hospital, but I hear many of them are to come back again. We look principally to private patients for our revenue.

Comparison between Payments for Pauper Patients, and Advantages enjoyed.

Cause of Removal of Paupers from Asylum.

Paupers of Govan Parish.

When you take into consideration what these paupers get—the attendance of medical and other officers, food, bedding, clothing, and everything in the most complete style, 8s. 6d. a week is a very small sum. Some of them cost us £2, 2s. a week for attendance, and the destruction they cause. The reason for the removal of the pauper patients was alleged to be economy; and one of the magistrates stated at the parochial board, that they could keep them 1s. or 2s. a week cheaper. With regard to the Govan paupers, when I went to Glasgow, there were perhaps 25 at Gartnavel. The Asylum is situated in the parish of Govan, but that parish never subscribed to its erection, and its paupers were charged 6d. or 1s. a week more than the privileged or subscribing parishes. One of my assistants, Dr. Muirhead, married one of the matrons, and went to Langdale. I believe he got

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Sent to Langdale.

Govan parish to send its patients to his asylum, and he keeps them 1s. or 2s. a week cheaper than we do. All the best cases were taken away from us—I don't recollect how many—and we were left with 3 or 4 very bad and very expensive cases. The best cases were those that were most easily managed, that gave no trouble, and were least expensive. I brought this before our committee repeatedly; they were very slow to take any steps for the dismissal of these patients, and they kept them for a long time. At last, in about a year, they gave notice that they must be removed. The inspector asked us to allow them to remain some time longer, and the Directors agreed. Then they were removed. Till the other day, when we got a fiscal-case from the Sheriff, I don't think we have had any patients from that parish. The Sheriff would not send that case to Langdale. Unless we got the whole we refused to take any. We refuse all cases from that parish now, except those sent by the Sheriff; we have power to refuse cases sent by the Sheriff.

Refusal of Cases from that Parish.

Removal of Patients to Licensed Houses.

Patients are frequently removed to licensed houses by inspectors. There was one case in which I objected to allow a female to be removed, without a warrant from the Sheriff of Stirling; that was a fiscal-case; she is a dangerous lunatic. I believe she is going to be removed to one of these licensed houses. Ordinary paupers are very frequently removed. I never interfere with the inspector of poor; but I sometimes tell him that a certain party is dangerous. No intimation to the Sheriff is necessary for the removal of an ordinary patient.

Application for Removal of Pauper Patients by Relatives.

The relatives of parties put in by inspectors often apply for the cases to be given up to them. If they are peculiar cases, and I wish them to be under restraint for cure, I beg of them to allow the patient to remain. If a patient is put in by an inspector, I don't allow him to be taken out, without the inspector's concurrence. I frequently decline to be a party to the removal, and the inspector sometimes does not take the responsibility. I remember the case of a girl, who, I think, was taken to some house in Musselburgh. I don't think I gave my opinion as to the propriety of removing her. The inspector's order was peremptory. Fifty pounds had been subscribed, by the church she belonged to, for her family. The minister's wife doled it out through the elder of the district; they were a respectable family much reduced in circumstances.

Case of a Female Patient removed to Musselburgh.

Procedure on Recovery of Pauper Patients.

When paupers are cured, I send intimation to the inspectors or sureties; and they send or come to fetch them away, or empower me to send them, and I take care that they are properly sent away. For instance, if a female is going to the West Highlands, I send a female attendant with her to the steam-boat, and give her over to the steward or clerk of the vessel, who hands her to the inspector or her friends, on arrival.

Criminal Lunatics.

There are no criminal lunatics in Gartnavel. I once had all

the criminal lunatics of Scotland under my care, in the Dundee Asylum. That was the only asylum that would take them. Appendix M. No. 26.

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Payments for Private Patients.

Their occasional Inadequacy.

Special Instance.

The payments for private patients are not always in adequate proportion to their means. I know cases of that sort in my own Asylum; these patients are put in by their relatives. There is a case in Gartnavel which I hope will be removed before I get home: the patient was admitted at a guinea a week, labouring under paralysis; he is a married man with a family. He is very destructive, and filthy in his habits, requiring an attendant constantly by day and night. The Directors refused to keep him for less than three guineas; his friends offered two. He has about £3300, and he cannot live so much as two years. We lose two or three guineas a week by him. He has destroyed a good deal of bedding, and has a servant exclusively for himself by day, which costs a guinea a week; he has also a servant up during the whole night, rendering gas, fire, and refreshment necessary. He has been with us nearly three months. There was a case in Dundee Asylum at 15s. a week—an idiot girl; she is still alive, and is now in Perth Asylum. She had some means; her father was a merchant in Dundee. I believe she has several thousand pounds. The directors of the Dundee Asylum kept her at a great loss. Her father, it is said, left £40,000 or £50,000. The directors of the Dundee Asylum knew this, and determined they would not keep her at a loss any longer, and gave notice that if the payment was not raised to 31s. 6d. a week—a small sum for what she required—she must be removed. Next day came a letter from one of her brothers, saying she would be immediately removed to Perth Asylum; and she was removed. Dr. Malcom got some particulars of the case from me two or three years ago. I asked her lawyer, some time ago, what her property amounted to, but he refused to tell me. I have no doubt she had several thousand pounds left her. She was quite idiotic, and required a servant exclusively for herself. The friends, I daresay, wished her well-treated, but did not want to pay an equivalent.

Another Instance.

Case under Care of Accountant of Court of Session.

I got a letter the other day about a patient under my care—a man of some means. The accountant-general of the Court wishes his funds laid out in a different way, and the payment is to be reduced in consequence. I think the monied lunatic requires more looking after than the pauper lunatic. The payments for some of the private patients more than cover the expense. There is a surplus, which goes to the general fund; you may say it reduces the rate of payment for the paupers.

Establisment conducted at considerable Expense.

Necessity for all the Officers employed.

Our establishment is on an expensive scale, and Glasgow is an expensive town: labour is very high. Good officers must be well paid, or they go elsewhere. I think there is an absolute necessity for all the officers we have. As to masons—there is something going wrong every day in such a large house, and there are vents to sweep; that is the duty of the mason. There are £300 for treasurer and secretary. He is a man of fortune—an account-

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ant—one of the first men in Glasgow. He gives a tone to the house; he and his father have been connected with the Institution since the foundation-stone was laid. I don't think it is at all too much for what he does. To keep up the fabric of the house all the workmen named in the accounts are necessary.

Ventilation of Asylum.

The house is pretty well ventilated. The system of ventilation, when properly attended to, works tolerably well. It is by Haden of Trowbridge.

Amusements.

As to amusements, we have balls occasionally. Strangers are not admitted, although a stranger has been taken to the door to look in. I am present, from beginning to end, at these balls. Strangers are not admitted, because I think it would excite the patients, and I don't think they should be exposed to the gaze of the world.

Male and Female Patients of the higher Classes do not associate.

The pauper males and females join in the dances; but no lady patient is ever present where there are male patients dancing. It excites them, and they form acquaintances, which, when they get cured, they would rather not have formed. I had a young lady who was sent to live in town before she had quite recovered. She was a ward of Court. She was highly incensed at me for not allowing her to go to the balls. When she got well, she thanked me, and said she was glad she had not formed the acquaintance of any male lunatic in the asylum. Then their friends don't like it.

Supplies to Asylum.

The supplies to the house used to be by contract, but we can't get people to contract, now that provisions have risen.

Records.

We have a case-book; and a record of admissions and discharges.

Classification of Patients according to Payment.

The asylum is in three parts—better-class, middle-class, and paupers; but there are just two houses. We have no patients at our highest rate of payment. The highest rate at present is four guineas a week; and our highest rate is six guineas. The minimum for private patients is 9s. a week; that is the same rate as we charge non-subscribing parishes for their paupers. Those paying 4 guineas, don't occupy the apartments intended for the 6 guinea patients; the patients are not charged by the apartments which they occupy: the attendance, the breakages, and other things are taken into account.

Vacant Accommodation for Private Patients.

We have very little vacant accommodation for gentlemen patients; altogether, in the general division, we have only, on an average, one spare room in each gallery. We have 41 ladies to-day, and we could take 55; none of them are at 4 guineas. Some of those who pay at low rates occupy the best part of the establishment. Five ladies and gentlemen in decayed circumstances are taken for 9s. a week, and allowed to be in the ladies' and gentlemen's department, where they are treated as guinea patients. There are no ladies in the east house; that is what we call the pauper house, —for the 9s. and 15s. patients. The 15s. gentlemen patients, though in the east house, are kept separate and distinct. Their living is different, their wards are different, and they have different airing-grounds—using those of the west house. We were obliged to send the 15s. gentlemen to the east house, because we had not accommodation in the west house. We have more room at pre-

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sent, owing to the removal of the City parish patients. The vacant pauper accommodation is perhaps for 40. All the 15s. ladies are in the west house; but if the ladies' division there were full, we would put all the 15s. cases in the east house. We have plenty of ground to make into airing-courts, if we had just the money. We made an appeal to the citizens of Glasgow some years ago, and got £500 or £600.

Vacant Accommodation for Paupers.

Patients in seclusion are generally put into dark rooms; they remain, generally, a considerable time. I am obliged to use the rooms up-stairs for seclusion. No doubt, their being up-stairs prevents the patients from getting so much exercise.

Seclusion.

There are large galleries in the pauper department,—50 patients in one gallery. In some cases, it is an advantage to have so many together. I would like smaller galleries; and, especially, smaller dormitories. About 20 or 22 sleep in one dormitory; I think that is too many; I would have only 7 or 8. For a gallery, 20 would be a good number.

Size of Galleries and Dormitories.

I think it would be better to have all the criminal lunatics in an asylum by themselves. Other patients might be averse to them. We have a good many educated patients at a low rate, —at 9s., or 8s. 6d. We have very few governesses. There have been governesses among the 15s. patients.

Criminal Lunatics.

Educated Patients at low Rates.

The lady patients at 15s. take exercise in the airing-court behind the lady's division, and those that are able, in front all round the division. The 9s. lady patients take their exercise in the small court, and those who are able in the grounds. There are several unable to be taken out of that court. There is, perhaps, one-fourth or one-third of the whole of the women confined to that small airing-ground. I think we have about 150 or 160 women at present. I think it is desirable that means should be taken to get more exercising-ground.

Means for Exercise.

Number Female Patients never beyond Airing-Court.

I have never seen the religious-exercise system carried out as I would wish it carried out, because there is no resident clergyman. It would require a very judicious minister to go about among the patients. We have a gentleman who gives a sermon in each house on Sundays; and I might send for him to see any particular case, if I thought it necessary to do so; but he does not visit the house. We have worship every day. We have no resident chaplain, on account of the want of funds; but we have a patient, an Irish clergyman, who preaches in the evening. The attendants have family worship with the patients, generally; but not twice a day, as I would wish. The lady superintendent conducts the devotional exercises in her department. A judicious chaplain, would, I think, be of very great consequence in the treatment of lunatics,—one with a great deal of the love of God and of man within him; but he would need to have common sense as well as piety. The patients have, at all times, access to their own clergyman, and some of them go to town to hear

Religious Exercises.

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theirs. Roman Catholics, as well as Protestants, have free access to their clergy.

Dr. Alexander M'Intosh. 22d Nov. 1855.

Gaelic-speaking Patients.

Sane Patients.

We have, I think, only one Gaelic-speaking patient. One of my assistants is a Gaelic scholar. I had one patient the other day,—almost the only one I ever had,—who was not insane. I dismissed him. I recollect the case of one man, who got very much better after being in the Asylum a year or two. I wrote the inspector of poor in Ayr, asking him to take him into the poorhouse as a clerk, in order to break his fall into the world. He wrote me, and I understood he was to take the patient, but he would have nothing to do with him, because he was not perfectly recovered. He is now quite well, and supporting himself by his own industry. I send some patients to the coast in summer.

Patients sent to the Coast.

Suggestions for future Legislation: Sheriff.

I think the law at present affords sufficient security as to the admission and detention of lunatics. I would not like the Sheriff of the county to be thrown overboard; he is a sort of safety-valve for the patients; they look on him as their guardian and friend. His visits don't cause injurious excitement, but rather have a healthy effect. It would be well if there were a local or other inspector, in addition to the Sheriff. I know little about poorhouses and licensed houses. I don't see any objection to pauper and private patients being in the same asylum, but in different houses. No doubt, great disadvantage arises from cases not being taken up earlier, owing to the want of district asylums. There should be public asylums for all the paupers of Scotland,—not on a large scale. I think 400 or 500 patients is a large enough number in any asylum, for health and comfort. That would be the maximum. The smaller the asylums, the better would the patients be attended to. I am against sending patients to lunatic wards in poorhouses. I think some step should be taken for the protection of the monied lunatic. The sum to be paid should be fixed by the Court, after due inquiry by lunacy commissioners or inspectors. I don't think the relatives should have the power of saying that a man, with 5 or 10 guineas a week, should be boarded for 15s. or a guinea.

District Asylums.

Size of Asylums.

Monied Lunatics.

Robert Macfarlane, Esq. 22d Nov. 1855.

27. Robert Macfarlane, Esq., Sheriff of Renfrewshire.—Sworn and Examined.

Asylums in County.

Visits by Sheriff.

I have been Sheriff of Renfrewshire for nearly two years. There is no public asylum in that county. There is an asylum called Hillend, near Greenock, kept by two brothers, of the name of Thomson; and there are lunatic wards in the poorhouses of Greenock, of Paisley parish, and of the Abbey parish. I and my Substitutes visit these houses twice a year. Since my appointment, I have only made two visits personally. My Substitute at Greenock visits the lunatic wards there, and my Substitute at Paisley visits those of that town. I have examined Hillend, with Dr. Rainy as medical officer, on two occasions. I consider my duty

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Robert Macfarlane, Esq. 22d Nov. 1855.

Duties of Sheriff.

is not so much to superintend the care and cure of lunatics, as to see generally that there is no person confined, so far as my inspection may go, who really is sane, and should not be there. I also make a point of going through the whole establishment, with the view of seeing that it is in a fair condition of comfort, and that all the ordinary conveniences are there; and I also make a point of speaking to every one of the patients, and giving them an opportunity, so far as it can be taken advantage of by persons in their condition, to make any complaint they may desire to make. In some instances, I was for a little shaken as to their actual condition, but at last their insanity disclosed itself from the conversation, and I was satisfied. Generally, I look after the bedding, see the state of their beds, and the sleeping places. It lies, however, more particularly with the medical officer to inspect these matters, and I look on, making any suggestion that may occur to me. I am not prepared, at the present moment, to say, from recollection, whether at Hillend there were a good many beds without mattresses, nor whether they had all sheets. My last visit was in April. On my first visit, one of the brothers Thomson attended, and turned down the beds; on the second, the other brother attended, and did the same thing. They might select the most favourable specimens. If they had a design to deceive the Sheriff and the medical inspector, it was quite possible for them to have done so. My desire was, and I may say the same for Dr. Rainy, not to allow anything very palpable to escape. The visits were not generally made about the time of the Glasgow circuit. On the last occasion, I visited in April, when I happened to be in Greenock, with reference to riots which took place there. They get no notice of our visits. The asylum at Hillend is for persons in a very inferior condition of life; the remuneration, I suppose, is comparatively small. Many of the patients are lads, and unless there was something particular in their condition of sanity or insanity, or in their state of health, it perhaps might not have occurred to me in visiting, that there was any unanswerable objection to two such lads sleeping in one bed; because, I should think, that is the common usage among people in the same condition of life; but I should think the practice ought to be exceptional. It is impossible for me now to state, from mere recollection, what were the particular questions which I asked. Nothing occurred to create any suspicion in my mind as to the fairness of the Thomsons. I have no doubt I made many inquiries at the one who was attending us, and if I got an answer in itself fair, I would be satisfied. I thought it right, soon after my appointment, to make some inquiries in regard to the Thomsons, their character and disposition; and I think it is but fair to say, that the answers to these inquiries were very favourable to their character generally, and to their kindness of disposition. The impression made on my own

Hillend Asylum: Condition of Beds.

Period of Visits.

Double Beds.

Inquiries as to Character of Messrs. Thomson.

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mind, also, upon my visits, was of the same kind. All that may have had the effect of disarming me of those suspicions which might otherwise have occurred, and preventing me from following out my inquiry so strictly as I might in other circumstances have done. On neither of my visits, did I see the medical man who is in the habit of attending the house. I was not aware that any patients were placed to sleep together in a state of nudity. If I had heard of such a thing, I would not have allowed it to pass. It would be all the more shocking if the patients were dirty. If I had been aware of anything of that kind, I would have made an inquiry of a very serious kind indeed.

Patients sleeping in a State of Nudity.

Nature of Appointment, and Duties of Medical Inspector.

Dr. Rainy visits with me. My predecessor, Lord Benholme, was attended by him, and I continued him. He had no particular instructions from me. I assumed that he knew his duties, having for some years made these visits. His is not a permanent appointment. He has this responsibility after my visit, that he must make a report of his inspection, stating if anything is amiss, and how it should be corrected. He has nothing more to do after sending in that report; he does not follow up any suggestions he may have made. Till his next visit, he is not aware that his suggestions are attended to. He may calculate on being called upon to visit again. In the case of a professional man of Dr. Rainy's eminence, I would not be disposed to change him, without very special reasons indeed. I think, at our first visit to Hillend, in April 1854, the Greenock patients had not been transferred. It did not occur to me, on the second visit, that there was any particular change in the arrangements or accommodation.

Granting of Licenses.

Regulations by Sheriff.

The annual license, and the special license sent with the patient, are granted by the Sheriff-Substitute. The Sheriff-Substitute must be satisfied before he grants a license. No rules have been issued by me, nor under my supervision, for Hillend, the establishment having been in operation before my appointment as Sheriff, and no complaint having reached me from Mr. Marshall, who has been Sheriff-Substitute at Greenock for many years, or from the medical officer, or any one else; but that there are rules I have not the least doubt. If there was any inclination on the part of the keepers to practice abuses, I can quite understand that our periodical visits, twice a year, may be a very poor preventive. I should fancy the great error must be in licensing such houses at the outset. If the keeper was a really good and properly qualified man, everything, likely, would go on well. I should like to be furnished with information as to Hillend, because I would institute an inquiry if necessary. If I found that a servant had been dismissed by the Thomsons, because she gave information to the Commissioners, that would excite very great suspicion in my mind; and I would take very decided steps indeed. It may be a question deserving consideration, if

Propriety of Private Asylums.

private asylums should be licensed at all. I have not had an opportunity of considering the question, which is a very large one, and would require a good deal of deliberation. My inclination would be against these private asylums. In a public establishment, under public authority, there would be far less likelihood of abuse existing. There could not be the same personal interest in abuses. I can't say that any cases have occurred to create difficulty with me as to the statutes. I have to explain that some of the answers given by me would probably have been more precise and complete, had I been previously informed (which I was not) of the nature generally of the inquiries which were to be made at me.

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Robert Macfarlane, Esq. 22d Nov. 1855.

Friday, 23d November 1855.

28. Mr. James D. Kirkwood, Inspector of Poor of Govan Parish, Glasgow.—Sworn and Examined.

Mr. James D. Kirkwood. 23d Nov. 1855.

I have been inspector of Govan parish since March 1850. The population I estimate to be now from 72,000 to 75,000. At last census it was 64,000. We have at present in asylums 23 lunatics chargeable to the parish. We have only one imbecile. There are a few, 8 or 9, which might have been so classed, but have not been. The medical officers did not think these should be returned as such; they are able to take care of themselves. Five are in the poorhouse as ordinary inmates, and the remainder are with relations.

Population of Parish.

Number of Pauper Lunatics.

There is an extensive poorhouse connected with the parish, authorized to contain 750 paupers, and by a little extension we could accommodate 1000. It was purchased in 1852, and has been occupied for two years past last July. It was formerly the cavalry barracks at the head of Eglinton Street. One lunatic, not in our asylum, resides with her sister in the village of Govan. She is there under the authority of the Board of Supervision. She is not reported to the Sheriff. The rule, as I understand it, is, that where there is only one lunatic residing with a private family, that case does not require to be reported. But the Board of Supervision require a return twice a year, certifying that there is only one resident in the house; that he or she is quiet and inoffensive, and well taken care of. The Sheriff has called for no returns. I have been an inspector of poor since October 1848. I was at Tranent before going to Glasgow. It was not the custom there to report single patients to the Sheriff, and there were two or three in that parish.

Parish Poorhouse.

Single Patient resident with Relatives.

We have 2 lunatics at Gartnavel, 20 at Langdale, and 1 in the lunatic ward attached to the town's hospital in Glasgow. The reason of this case being there, is, that it became chargeable to the parish of Glasgow, and it is only a day or two since we admitted our liability. It will soon be sent to Langdale. One

Distribution of Parish Lunatics.

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of the cases in Gartnavel was previously a private patient there, but her friends found themselves unable to continue to pay for her, and she fell on the parish. That was on the 11th September last. We don't intend removing her. The settlement does not appear to be in Govan, but in the Barony parish. The other case in Gartnavel, was placed there, on the 8th of this month, by the fiscal.

Langdale Asylum.

Removal thither of Patients from Gartnavel.

Nature of Cases removed.

Langdale asylum was opened about 1848 or 1849. Our cases were principally at Hillend, but partly at Gartnavel, before they were sent to Langdale. The reason for removing the first of them was, that the Langdale rates were cheaper than those of Gartnavel; and those first removed, were the cases which the physicians at Gartnavel themselves said were incurable. They required no medical treatment, but simply to be in a house of detention. I don't mean to say that the physicians said they would be as well there; but they said they were not amenable to medical treatment, and the parochial board thought they would be as well in another place of detention. They were removed before my time. Six, I think, of the same class of cases were removed in my time. All our cases were not incurable. A number were left in Gartnavel after that second removal, but in consequence of a disagreement between the parish and the medical officer at Gartnavel, they were also removed to Langdale. We send curable cases there also now. The motive for the first removal was simply economy, the motive for the second was, that the directors of Gartnavel refused to receive our cases. Besides, we found that our average of cures was nearly as great, if not as great, in Langdale as at Gartnavel.

Motives for Removal.

Condition of Patients at Langdale.

Comparison of Treatment there and at Gartnavel.

I consider the patients are as well off in Langdale as in Gartnavel. They have to work more at Langdale, and they have more open air exercise; and to this the medical officers attribute the number of cures. When we used to visit the lunatics at Gartnavel, we found only one or two out of eight or nine, working; whereas, when we go in an equally unexpected way to Muirhead's, we find the majority of them working. The men and women both work. The women wash and do other things about the house. They don't assist on the farm. At Gartnavel, I don't think we were ever prevented from seeing our patients, owing to their being in seclusion. I recollect one case being in seclusion, and we declined to see him, lest we should excite him; but in another case we were at once shewn a patient in seclusion.

Occupation of Females at Langdale.

Seclusion at Gartnavel.

Visits by Inspector to Langdale.

Nature of Visit.

Supply of Clothing to Patients.

I visit Langdale once in two months, with a medical officer, and the parochial board visits from two to four times a year. We go without notice. We make it a point to go about dinner time, and we ascertain the quality of the food. We examine the beds, day apartments, sleeping apartments, and airing-yards. We see the patients in the wards. They are not brought to us. We examine the state of their clothing, particularly; we used to supply the clothing, but an arrangement was some time ago

made by which it is supplied for an increased rate of payment. We have reason to be satisfied with that arrangement. About the end of the year 1850, Dr. James Stewart, then one of our medical officers, complained that the bed-clothes were not sufficient for winter. He mentioned that to Dr. Muirhead, and on visiting about a month afterwards, we found that the recommendation to get more clothing had been attended to, and we found all the clothing that he had ordered supplied. Dr. Muirhead has generally attended to our recommendations most particularly. Last February we complained of the extent of the day accommodation, and of the want of fires; and he explained, in a correspondence which ensued, that he had only shown us that part of the day accommodation where our patients were, but that other two rooms were occupied as day-rooms, and that more fires had been put on the day we were there.

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Mr. James D. Kirkwood. 23d Nov. 1855.

Day-room Accommodation and Fires.

Six or seven of the patients at Langdale were removed from Hillend. I am not quite sure of the number, because prior to June 1850, our parish was in two districts, under two inspectors. I find I have paid an account to Hillend up to November 1850, so they would be removed about the time that that quarter expired. There was no account after that date. It would be about the 10th or 12th November 1850. The patients had been there for a number of years. We removed them because the committee, on one of the visits, was not satisfied with the treatment and accommodation, more especially the treatment. We were not allowed to go into the general wards. Our patients were brought to us. I was twice there myself, but only once with the committee; I was with them the last time. When I first visited, I got the names of the patients to verify my books, and saw all who were able to come to me in the room. Part of them, I think, were brought to Mr. Thomson's office, and the others I saw in one of the day-rooms. They had had perhaps an hour to put them right. Thomson was out, and I had to wait till he came in. They were apparently in pretty good bodily condition; but I was dissatisfied, without what might be called a real tangible reason. I was dissatisfied with the air pervading the whole house. I was struck by the dullness of the place. The patients looked very dejected. They did not complain; but they had a look of utter subjection, which did not strike me as natural in any other asylum.

Govan Paupers formerly at Hillend Asylum.

Cause of their Removal.

Visit of Parochial Committee and Inspector to Hillend.

Condition of Patients there.

That visit must have been immediately after the 19th June 1850. I reported verbally to the board the names, and ages, and appearance of the patients, and the question was put to me if I was satisfied. I said I was not, and the committee soon after made a particular visit, and I went with them. That must have been in the end of August or beginning of September, in the same year. We were accompanied by Dr. James Stewart, the medical officer; and one of the members of the committee was Dr. James

Date of Visit.

Visit of Investigation by Parochial Committee.

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Mr. James D. Kirkwood. 23d Nov. 1855.

Nature of that Visit.

Detention in Waiting-room.

Morton, Professor of Materia Medica in the Andersonian University. We did not go at once into the wards. We were put into Thomson's office, and remained there until the patients were ready to be shown to us. We were not looking over books; we were simply waiting, and we waited for half-an-hour perhaps. Then we were taken into a room opening off the ground floor, and our patients were sitting there. We had just one man then, and when we had seen him, the women were brought in. I understood that was the room where the patients came to meet their friends, a sort of visiting room. They were clean, and tolerably well off as to clothing, but they still had the same subdued air. None of them were restrained, further than having a keeper with them. None of them had their hands fastened.

Condition of Patients.

Condition of the House.

After examining them, we asked to be shown their ordinary day-rooms and sleeping-rooms. I think we simply asked to see one sitting-room, and one sleeping apartment. I think we said we had seen enough, and did not care about going through more of them. The sleeping apartment was so dirty that we thought we had seen plenty. We saw enough to lead us to remove the patients, and we did so.

Beds and Bedding.

We looked at the bedding; it was ample, but did not appear to be very clean. They explained that the day following our visit, was that on which they usually changed the bed-clothes. The beds we saw were matresses, stuffed with straw; I don't think we saw any in which the straw was scattered. The room contained single bedsteads for sixteen or seventeen patients. I did not count them accurately, but there were from twelve to eighteen. They were only made for one; there was not room to hold two; we understood there was just one person sleeping in each bed.

Airing-courts.

On that visit, I was standing at one of the windows of the sleeping apartment, which looked out into the court for the men, and I thought I was only doing my duty in looking to see the number of men, and what they were doing. I saw a large number going about quite listlessly, wearing the time away. One of Thomson's sons who accompanied us—the father happened to be from home—came up and took me by the arm, and told me I had no business to look there, because none of my patients were there. He said this after dragging me away from the window, ten feet perhaps. This was the son who was to pass as a medical man. I got a mere glance of the yard, but I should think there were 30 or 40 men in it. It is a small yard with high walls, and I think there was a roofed-in shed at the end. The patients were very indifferently dressed, and one of the committee remarked, "This "is what we have been waiting for." I told them what I had seen, and we felt certain that the twenty minutes or half an hour we had been kept waiting at first, was to allow them to put our patients in good order. One of the committee said that, when we

Cause of Detention in Waiting-room.

were talking among ourselves. We said nothing to Thomson. We made up our minds to remove our patients, and the result of our visit was that they were removed. The current quarter was paid for, and they were taken away before its expiry.

Rate of Payment at Hillend.

We paid £18, 5s. a year at Hillend, not including clothing, tobacco, doctor's fees, or annual license, &c. We paid extra for these. The doctor's fees must have been for ordinary medical treatment, because the patients had been there for years. We at that time paid 7s. 6d. a week at Langdale. It was no motive of economy that induced us to remove the patients from Hillend.

Rate of Payment at Langdale.

Manner of Removal of Patients from Hillend.

The committee of the parochial board would make a regular minute after that visit. We had then a committee, called the lunatics' committee, of whom five or six went to Hillend, and they reported to the rest of the members what they advised. That would be in writing, and would come before the general committee, representing the board. When we sent to get the patients removed, Mr. Thomson's people refused to give them up, unless a balance of 1s. 9d. was paid. I had paid the account rendered, in full, but they had made out a new account with that addition. Mr. Cassels, who went for them, paid the balance. I told him I would not have paid it. I expected them in Glasgow before two o'clock on a Saturday, and they did not come till after five in the evening. They were retained in the poorhouse for a few days, the medical officers certifying them as quiet. We applied to the Board of Supervision to sanction their remaining there. That Board did give its sanction, on condition that the Sheriff's sanction could be got; but we knew we would not get it, and the patients were sent away in a few days. They were two or three weeks in the poorhouse. They were perfectly quiet. We did not require an order from the Sheriff of Renfrewshire for their removal from Hillend, but we required an order from the Sheriff of Lanarkshire for their admission into Langdale. No communication was made by my board to the Sheriff of Renfrewshire, as to our impressions about Hillend.

Application to Board of Supervision to detain them in Poorhouse.

Legal Formalities necessary for Removal.

Present Rate of Payment at Langdale.

Present Rate of Payment at Gartnavel.

Uncertain Charge for Clothing at Gartnavel.

We pay in Langdale 8s. 9d. per week,—8s. for maintenance and medical attendance, and 9d. for clothes. The present rate of payment in Gartnavel is, I think, 9s. per week for non-subscribing parishes, with clothes and tobacco in addition. Tobacco is an extra wherever we go. The charge for clothing in Gartnavel depends a great deal on the patients. There is a requisition sent to us to supply the clothing, and if we supply it ourselves, no more is said. But if we don't supply it, it is furnished by the Asylum, and we are charged with it. That was one of the causes of dispute between us and the Asylum. I never heard that the Asylum people admit patients at a certain charge including the clothing. They have never done so to me. The charge for tobacco averages 3½d. per week each.

Charge for Tobacco.

Langdale: Occupations.

The patients have out-door exercise at Langdale; one is a

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smith, another a mason. I have seen no tailor or shoemaker; one is a cabinet-maker, but he will not work. We inquire into the occupation of each of the patients, and go minutely through every part of the house. For the females, the occupations are sewing and assisting the servants. One old woman who could do nothing at Hillend, has got better at Langdale and works in the scullery. A number of them might do other things than sewing, if they got the opportunity. I never found those able to work hanging about listlessly. A number will not work.

Means of Cleanliness.

I have made inquiry into their means of washing and cleanliness. Some of the patients are supplied with water in the cells; the others have washing tubs outside. In wet weather, I believe, they are supplied with water in the cells. I have not seen basins; I have seen two basins in one room; I don't think there is sufficient washing accommodation; I have made no remark about that. We always found the patients so clean that we were satisfied they were washed in some way. I think they have a tin vessel for making water in at night. I never saw large tubs in the middle of the wards. I have seen small tin vessels in some of the wards under each bed, as a general rule, I think. I understand, that if a patient is dirty, the one next him has special charge to take care of him in the night-time, and to give information to the keeper if anything goes wrong. We had a lad affected with general paralysis, and, when the malady was very great, he was put into a shell bed—a sort of trough or stretcher. I am not aware of any of them sleeping on straw in a corner. I cannot say that such a thing was never done.

Chamber Utensils.

Patients of dirty Habits.

Seclusion Cells.

In the seclusion cells the bed is made upon the floor; I have seen matresses there; I saw on one occasion, when a lad was very violent and threatened suicide, that there was chopped straw to prevent him from making a rope of anything of that kind. I have noticed the size of the seclusion cells. They are barely large enough; but it was stated that the reason of their being made so small, was to prevent patients from getting a run against the walls for the purpose of injuring themselves.

Furniture of Day Rooms.

There are benches in the day-rooms; at times, when the whole inmates are in the house, these may not be sufficient; but there are generally a number of them walking about the airing-yards, so that there is sufficient accommodation. There are forms, some without, but the larger proportion with backs; I am sure that in the men's wards there are forms with backs; in the female ward I think they have no backs; they are ranged against the wall. Most of those with backs are new within the last six months. I have seen the female patients sitting on their beds, but I did not remark that that was in consequence of the want of benches. In that room there were certainly no benches, but I understood the paupers had no right to be there. I cannot speak as to the date when I saw the chamber-pots, but I certainly saw them under the

beds. I cannot speak as to tubs or pails. I was there only during the day. There are one or two privies in each airing yard. There are no privies in the house.

Diet and Service of Meals.

I never saw any diet tables. We judged of the diet by going at meal times, and seeing what was laid down for each patient. They have always either animal food or fish. I have often seen them at dinner. The men and women have generally dined together when we were there. At last visit we complained of the dining-room being small for the numbers then sitting down; but it was explained that the men and women got their dinner at separate times. When they dined together, they were very orderly. I have seen them at religious services; only on one occasion did I see a man taken out for being unruly. It was on a Sunday that I saw the religious services at Langdale. I did not go through the wards. I don't know how Sunday is spent in the wards. There is a large stock of books. We ask each patient, on every visit, if he has any complaints, and we have never heard any.

Religious Exercises.

Notice given to Relatives of Removal of Patients from Gartnavel.

Visits by Relatives at Langdale.

Some Relatives not able to go so far.

Their Expenses paid by Parish.

I do not recollect any objection having been made by the friends of patients to their removal from Gartnavel. The relatives were made aware, a quarter or a month beforehand, that we intended to remove them. I have seen several of the relatives who have visited Langdale, and they have expressed themselves satisfied. There are only one or two parties whose relations are not able to walk out, or to pay for the omnibus, and in such cases I have invariably given them money to take them out. The visiting days are the first and third Saturdays of each month ; and I have said, Come to me and I will give you 6d. to pay your fare out, 6d. to bring you back, and 6d. to yourself. These people visit perhaps three or four times a year. I daresay they refrain from coming oftener, for fear of being thought too greedy, too exacting from the parish. When it is a new case I always give a line, but not when the relatives are known. Such a line is always received. They are all admitted on visiting days without a line. The only occasion I ever heard of a relative being turned away, was when the patient was in seclusion, in a state of great excitement, and Dr. Muirhead did not think it would be proper to admit any one to see him.

Admission of Relatives.

Cost of Paupers in Poorhouse.

Proposal to erect a Lunatic Ward.

Paupers in poorhouses, including management, rent of premises, feu duty, &c., cost 4s. a week ; we are higher than other parishes, owing to the amount of room we have. For lunatic paupers the cost is double. Our committee had in view to erect a lunatic ward in our own parish, for our own parish only. I don't think that would be desirable ; but where the number of lunatics is larger than ours, it might be proper. We have 4¼ acres within our boundary walls. I don't think the poorhouse is a fit place for curable patients. The number of lunatics is, no doubt, very small for so large a parish, but I am quite sure all are reported, except

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Mr. James D. Kirkwood. 23d Nov. 1855.

Varying Number of Lunatics chargeable to Parish.

Many new Cases occurring in Parish, have Settlements elsewhere.

the 8 or 9 I have mentioned. The number chargeable, two months ago, was 30, but the new cases nearly all belong to other parishes. We report them to the Board of Supervision as chargeable during the year, but they have no permanent claim on us, and are transferred to other parishes. Since 11th September, we have had 11 new cases chargeable to us. Of these, one is unsettled, but appears to belong to the Barony; another was transferred to the Barony, a third to Cupar-Fife, a fourth to the Barony, the fifth was dismissed cured, the sixth was taken by relatives, the seventh belongs to Mauchline, and the eighth to Paisley. Two others belong to ourselves, and the last belongs to the Barony. The dismissed cured case was from Langdale. At our visit on 8th November, Dr. Muirhead and our medical officer agreed that 4 cases were cured; and they have been dismissed since. The annual returns to the Board of Supervision, show the number of lunatics who have been chargeable during the year; they do not show the permanent lunatics; each case is returned separately. This explains the discrepancy between the permanent number chargeable, and the number passing through our hands.

Nature of Returns to Board of Supervision.

Arrangements with Dr. Muirhead.

Visits by Inspector of Board of Supervision.

Discharge of Patients from Langdale.

At Langdale, we are not charged extra for medical attendance. I cannot say that any arrangement was made with Dr. Muirhead before he left Gartnavel, that, if he left, our lunatics would be handed over to him. That was before I was in the parish. I am not aware that any inspector from the Board of Supervision visits Langdale. Mr. Peterkin visits our poorhouse; our temporary house was visited in 1850, by Mr. Smythe and Sir J. M'Neil. When patients are to be dismissed, we always get a notice from Dr. Muirhead, unless it is near the time of our visit. When there is no relative, we send and take them away. In all cases we prefer relations taking charge of them, but we always allow them to accompany our officer. The Sheriff-Substitute at Hamilton has charge of Langdale district. Lunatics are removed to Langdale from Glasgow without any warrant. They may be, perhaps, an hour in Langdale asylum before the warrant is got. At first we used to take them to Hamilton first, and get the warrant; but now our practice is to send them to the asylum first, and then to go for the warrant. The certificates are signed by two of our own medical officers before we leave Glasgow. In the town part of the parish, Dr. Liddell signs for one, and, if the person come through the police-office, Dr. Stewart signs for the other; if the party does not come through the police, Dr. Harvey, Dr. Liddell's substitute, signs along with him.

Sheriff's Warrant obtained after Patient is in Asylum.

Medical Certificates previously obtained.

Fiscal Cases.

In the majority of cases coming under the fiscal's notice, where there is no allegation of the party possessing money, the police or fiscal sends me word, and I remove the case. If the parish is not known, I take the responsibility of finding it out, and getting the settlement determined. Where the fiscal takes up a case and gets a warrant, I have no difficulty; but where a person is found

destitute and insane going at large, I require to report that case to the police.

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29. Maurice Lothian, Esq., Procurator-Fiscal for the County of Edinburgh.—Sworn and Examined.

Maurice Lothian, Esq. 23d Nov. 1855.

Duties in Regard to Cases of Lunacy.

My duty, in regard to lunacy, is to deal with those cases where a party has been apprehended, charged with assault or some other offence inferring danger to the lieges; or where any furious or fatuous person, being in a state threatening danger to the lieges, shall be found at large. The steps are the same in both cases.—I present a petition to the Sheriff, founding upon the clauses which render it imperative on me to interfere, and setting forth that the party falls under one or other of the descriptions which I have just given. Then I pray that the Sheriff would grant his warrant for committing the party to some place of safety, and that he would fix a day for trying the state of his mind. With that petition, I produce one certificate from a medical man, qualified in terms of the statute, as to the state of mind of the party. The Sheriff then sees him, converses with him, considers the certificate, fixes a day for his trial, (if I may so call it,) and appoints me to give intimation, by an officer, to such of his nearest of kin as I can discover; and, in all cases, to insert in a newspaper a public advertisement of the day of trial. The case comes on in open court. There is an agent assigned to the party, if he has not engaged one, to defend him; and no step is taken out of his presence, because he may be sane, and is entitled to defend himself, like any one accused of a crime. I commence my proof, which is taken in writing, by first establishing whether the party was brought before a Court charged with assault, and in that case remitted to me; or by proving that he was at large, a lunatic, and was so apprehended at large. I then lead such evidence, as I can find, of facts indicating abberration of mind; and I close by examining two medical men, whom I interrogate, first, as to their qualifications, to shew that they come within the character of medical men described in the statute, and then I ask them their opinion, derived both from the facts proved, and from what they have seen themselves in conversation with the party. The Sheriff then gives judgment: and there is a point here which I may mention. It is a little difficult, I think, under the statute, to determine the period of confinement. When I became procurator-fiscal, 9 years ago, I prepared the schedule which I hold in my hand. It prays that the party, convicted of lunacy, may be committed to some asylum, "therein to be detained till further orders of Court." I have a motive in that. If he is ordered to be detained till he is *cured*, there may be a difficulty in determining how that is to be ascertained. I think the practice of my predecessor was, that if two medical certifi-

Procedure in Cases of Dangerous Lunatics.

Petition to Sheriff by Procurator-fiscal.

Medical Certificate.

Functions of Sheriff.

Trial of Lunatic.

Proof led by Procurator-fiscal.

Examination of Medical Men.

Judgment of Sheriff.

Statutory Difficulty as to Period during which Detention of Patients may be ordered.

Ordered to be detained till further Orders of Court.

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Former Practice of Liberation of Patient by Withdrawal of Warrant.

Present Procedure for Liberation.

cates were produced, certifying that the party was cured, he withdrew his warrant, and this entitled the party to walk out of the asylum. I followed the same course when I came into office; but, on a case occurring in which it was questionable whether a man was properly liberated, a better course was directed by the Sheriff, in conformity with whose opinion, I adopted the style "detained till further orders of Court." So that when any friend of an insane person calls on me, and says, A. B. is quite well, and you must let him out, I say,—Well then, write two lines of a petition to the Sheriff, saying that he is quite well, and requiring his liberation. The Sheriff then appoints that to be intimated to me, and that necessarily leads to a consultation between the Sheriff and myself; and, if the certificates that are produced in support of the petition are by medical men of character, who are well known, and are in their terms satisfactory, the Sheriff pronounces an interlocutor somewhat in this form:—"The Sheriff having resumed consideration of this case, and "heard the procurator-fiscal, and considered the certificates pro-"duced, grants warrant to liberate." That is done as a judicial act, and that is the close of the case.

Checks against undue Detention.

Undoubtedly, a patient might be detained after he is cured, but that would imply a neglect of duty on the part of the asylum keepers, and, I would almost say, of the Sheriff visiting. I could not prevent that by any form of warrant, and I don't think I have the right to go through the asylums. I should say, I have never had any reason to think that such a case has arisen in this county.

Place of Interim Detention.

I think more frequent visitation than half-yearly inspections is desirable. While the preliminary steps are being taken in the case of a dangerous lunatic, the Sheriff grants warrant to confine him in some asylum. He may send him to prison, but our practice is to send him to Morningside Asylum. The delay seldom exceeds five days.

Procedure on Arrest of Dangerous Lunatics.

My first step is to get a report by the police. They have, perhaps, got the lunatic in the streets, going about at large; and, in this case, the superintendent of police has taken a certificate as to his state of mind. Then the man is brought to me with a report by the superintendent of police, and the medical certificate; and I take charge of him. In another case, the party is brought to the bar of the Sheriff, or Police-Court. The Sheriff, or Bailie, calls in a surgeon, and if the surgeon thinks him insane, he gives a writing to that effect; and the judge, having considered that report, grants warrant for interim imprisonment of the accused, and appoints intimation to be made to the procurator-fiscal of the county. That intimation is made to me, and then I present my petition. It does not go back to the Court of the criminal judge; it comes before the Sheriff in a different character. I hold myself, by the statute, charged with carrying the case through, or losing it, judicially.

Payment of Expenses.

In these cases, I exact no special fees, although I believe I am entitled to do so. In other counties they are charged. The expenses are never paid by the parish; they fall on the rogue-money. I speak of the expenses of the proceedings. When a party is convicted of lunacy, the expense of maintaining him in the asylum falls on the parish, with relief, if the lunatic have the means of supporting himself.

Annual Number of Dangerous Lunatics.

These cases have been more numerous in recent years. For the last three or four years, I think the average has been from 18 to 20 dangerous lunatics. Every case passes through the same process. It comes first through the police. I should think it an irregularity to hand over a case to the inspector of poor. It may be done, but it is not in conformity with the statute. The fact of danger is one that I prove before the Sheriff; and if a medical man should say, what I never heard a medical man say—"I think the party is insane, but not dangerous," the case would be dismissed. In one case only, I think, I failed to make out my charge. The party was found not to be insane. But I don't remember any case, where I proved insanity, and failed to prove that he was dangerous. The danger is always certified in the first certificate. Unless this were done, I could not move. If the party were not dangerous, he would, if a pauper, go to the poorhouse.

Handing over Case to Inspector of Poor.

Proof of Danger.

Certificate of Danger.

Medical Certificates of Recovery.

In applications for dismissal from an asylum, there are some cases in which we are not satisfied with the certificate of recovery, and the Sheriff remits to a medical man of his own appointment, to investigate and report. I think we have been contented with Dr. Skae's certificate of recovery; but generally there are two. I do not give notice to the next of kin when a patient is discharged; because the party is supposed to be well, and as much entitled to walk about as any of us are. We don't send dangerons lunatics to another county. On two or three occasions, the Royal Asylum refused to receive from me a lunatic, because he was outrageous; and I had just to find another asylum, generally at Musselburgh or Fisherrow. We never send to a distant county, because we think that would destroy the Sheriff's powers. When I prepare my petition to the Sheriff at first, I ascertain if the accused has a domicile in this county. If he has, I cite the inspector of the poor of the parish in which the domicile is. If I can't ascertain where the party lives, I cite the inspector of the poor of the parish of Edinburgh, or of any other parish, being the place of his apprehension. And, at the very first calling of the case, after proof is led, I ask decree against one or other of these parishes. After that, the cost of maintenance is paid by the parish. The parish does not attempt to remove the lunatic without my consent. Within the last fortnight one was removed, by petition to the Sheriff, and with my consent, the petition bearing that the patient was to be taken to a licensed house, which seemed to the Sheriff

No Notice of Discharge to Relatives.

Refusal by Royal Asylum to receive Cases.

Liability of Inspector of Poor.

Removal of Dangerous Lunatics to Licensed Houses.

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as secure as the place where he was. It has never been considered whether we could send such persons to the General Prison at Perth. When the last case was refused at Morningside, I employed the superintendent of the county police to inquire whether one of the licensed houses in the county would receive a violent patient; and a house was got, and a warrant granted by the Sheriff. We know all the houses in the county very well.

Penalties for Violation of Lunacy Laws.

I have never had any information of any violation of the law in licensed houses communicated to me; so that I never sued for any penalty. I never heard of any parties keeping lunatics without a license. I have no means of inquiry. If an informer came to me, and told me of such a case, I would inquire. If it was reported to me that a pauper was kept in any house, and not reported to the Sheriff, I would read the statute, and if I found it was a violation of it, I would take proceedings. The penalties are very severe. I think the judge should have power to modify them.

Removal of Dangerous Lunatics from one Asylum to another.

I never had occasion to remove a lunatic from one asylum to another, on the ground that he was not properly taken care of. They have sometimes been removed on the ground that one asylum was more favourable to their particular case; in some instances, a lower rate of payment accrued, but I could not say that that was the cause of the removal, although I daresay it frequently is so. I think it is often stated in the petition that the place in which they are, is not so suitable as some others. We have not had many of these cases. I think they have chiefly been removals *from* Morningside; I don't recollect one *to* Morningside. I recollect one case where a man was removed to receive a little more liberty; and it was thought fit that he should have a little more liberty. A case was also removed to Haddington, with Dr. Skae's sanction; the man there undertaking to keep him carefully. Another man, named Henderson, was allowed to go out of the county altogether, on an absolute security being given to keep him safely.

Causes of Removal.

Case removed out of the County.

Delivery of Dangerous Lunatics to the Custody of Friends.

We give dangerous lunatics to friends on security, but it is difficult to satisfy the requirements of the statute as to the security. At first, I believe the Sheriff thought of naming a high sum, but at last he took the words of the statute, "security for all consequences," and that is rather a barrier. I don't recollect any case of escape from a lunatic asylum being brought before me.

Amount of Charge against the Rogue-Money.

I estimate the charge against the rogue-money for one case at £3 or £4, and the average number of cases, for the last few years, has been from 18 to 20. My fees for each case would be from £2 to £3, but, as I said, I have not charged them.

Practical Working of the Law affecting Dangerous Lunatics.

I have thought over the procedure appointed by the Act, in as far as it applies to the procurator-fiscal, and I really can offer no suggestion for its improvement. I think that that part of it, is as perfect as it can be. Nobody is brought up, except in circumstances which render it proper that everybody should be brought

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up. No man is left undefended: notice is given to the nearest of kin, if they are known; and in every case through the newspapers. Notice is also given to his parish. If he be a poor man, the Sheriff assigns an agent to defend him: the proof is taken *ad longum*, and signed by the witnesses, and when the judgment is given, the grounds of the judgment appear. I cannot conceive it possible that any man, in the charge of a procurator-fiscal working out the Act fairly, would be sent to an asylum, who should not be sent. The friends don't always wait till a case reaches me, but very often send the party, under authority of different clauses in the Act, to an asylum themselves. If they do so, they can liberate of their own accord. When I do it, they cannot liberate, till a perfect restoration of mental health is proved.

Recovery necessary for Liberation.

Cases of Delirium Tremens.

I have had great difficulty in dealing with cases of delirium tremens. If a man was brought up in that state, I should move the Sheriff, in respect of his condition, to commit him to prison or an asylum, for a week or so, and then bring him back to see what state of mind he was in. I would not consider myself justified in keeping him as a probationer. That might be a very desirable thing. I have had difficulties when persons were subject to fits. I lost a case of that kind once. Keep them a few days, and they are well, and it may be six months before the fit comes on again. I had one man who strewed his house, to the height of about six feet, with pieces of paper; and who went through between the walls which he made of the paper. We were afraid of fire; I failed to convict that man. I would say that a person liable to periodic fits of insanity, would not, during a short lucid interval, get out if he were put in at my instance; because the medical men must say that he is cured; and I don't think they could say he was cured, if they had reason to think he would be ill again in a short period.

Difficulty with Cases of Intermittent Insanity.

Procedure in Case of Insanity after Indictment.

I had one case of a man who became insane after he had been indicted for trial. He was not committed for an offence inferring danger; he was a thief, and not at large. I said—liberate him from jail, and watch him when he will be at large, and if he do something foolish, and is dangerous, I can deal with him; the police were watching, and brought him up as a dangerous lunatic found at large. The Court of Justiciary had given no directions where he was to be sent: he was not put to the bar; but the Crown counsel said—remit him to the fiscal, and let him deal with him as a lunatic, if his case fall under the statute. He was ultimately sent to the Royal Asylum.

30. Dr. Robert Christison,—Sworn and Examined.

Robert Christison, M.D. 23d Nov. 1855.

I am professor of Materia Medica in the University of Edinburgh. I don't think reports as to lunatics are made regularly to the College of Physicians. The College does not consider

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Reports made to College of Physicians, under Lunacy Acts.

Appointment of Medical Inspectors.

Their Appointment useless.

Irregularity of Reports to College of Physicians.

itself responsible for the reports of its medical inspectors. The only purpose of the appointment of these inspectors by the College, is that there may be a certain number of gentlemen among whom the Sheriff may select a physician, or physicians if he chooses, either to accompany him on his visits, or to send to make inquiry when requisite. The College does not look on the person so chosen as representing them. The Sheriff does not confine himself to them. I have frequently been appointed to make inquiries, though I was not a College inspector. In short, it is an utterly useless institution. The returns required to be sent to the College of Physicians, are by no means regularly sent. They are directed to be sent to the president. I have been twice president, and the number of returns sent was small, and the information very limited. The College is obliged to take what it gets; it has no power in the matter.

Medical Board of Royal Asylum.

Its Functions.

I am not now a member of the medical board of Morningside; but I was for nearly ten years a member of the medical board, or a manager. A question arose as to what were the functions of that board; and, on examination, it was found that it really had no authority independent of the other managers. There were always medical members in the management itself, so that it was only on particular occasions that they required any assistance from the medical board. I think, however, the medical board sometimes voted at elections.

Condition of Pauper Lunatics in Asylums and elsewhere.

My attention was directed to the condition of pauper lunatics in Morningside, when the building was enlarged. I was one of the building managers; but I am not much acquainted with the practice relating to pauper lunatics throughout Scotland. I don't personally know their condition in the country districts; although I have heard a good deal of it. I think the Morningside system is as satisfactory as I can well imagine it to be. There may be errors in detail, but the general management of the paupers is very good. I may say the same of other large asylums which I have visited occasionally. The only thing I regret is that it seems to cost too much. I think they ought to receive all patients indiscriminately, unless they are full. I am not aware that at Morningside any case was refused, while I was a manager, on account of any peculiarity about it. On the contrary, I think such are the very cases that should be taken. If the power of refusal is exercised, that is very objectionable.

Refusal of Patients by Asylums.

Cost of Maintenance of Paupers in Royal Asylum.

I have often wondered how the expense should be so great, but I can't say that I have turned my attention very minutely to that matter. I remember that the other managers as well as myself, were very anxious to reduce the cost as much as possible. I always had hopes of doing so, but it appears it has rather increased, as the expense of provisions has risen. There is one material circumstance to be taken into account in regard to Morningside,—the large debt on the institution. That debt

Debt of the Asylum.

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was increased by the new buildings. The charge for paupers was, I think, at one time greater than their actual cost. I don't think the cultivation of more land would reduce the rate materially. You cannot count on cultivating land by means of the paupers alone. I have on several occasions, but not for eight or ten years, visited the poorhouse. I could not speak as to the condition of lunatics there.

Opinion of present System of distributing Lunatics in Cottages.

Propriety of placing them in Asylums.

The only matter of any great consequence, in regard to the general subject of lunacy, that has occurred to me, is, that the system of distributing lunatics over the country among cottagers, in numbers of one, two, and three together, is a vicious one. It would be much better if they were all congregated in asylums; and, perhaps, in one large asylum, on the ground that it is only in that way that you can treat these patients properly, and give them proper occupations. In Morningside, where there is a great number of lunatics, and a great variety of occupation, there are extremely few indeed who are not employed. They must be much happier so, than if they were left without occupation. It is quite plain, that when they are kept singly, or in twos and threes, in the houses of cottagers and small farmers in country districts, occupation can very seldom be provided for them. Besides, you can never exercise the proper control over the persons who have charge of them. I think large establishments are better than small ones for that reason. I don't see any great difficulty in removing lunatics to a considerable distance; the point is to remove them at all. It is as easy to transport them a hundred miles as five; it is a question of time. As to their proper management, and the unwillingness of parochial boards to incur expense, these are different questions. I consider an asylum would be large, if it were made for 100 patients. Several counties might unite, and have asylums for 100 or 150. I have no doubt, that properly organized, they would supply ample occupation for the patients. I should say that, *ceteris paribus*, an asylum less than that size would not be so good, because you could not afford so superior an officer to conduct it, and on that a great deal depends. I don't see any very great difference between asylums for 150, and for 300 or 400. If you once come up to 150, a very great variety of occupations might be afforded. The size of the galleries must be a matter of detail, according to the size of the house. I don't see any great objections to large galleries, provided there is a sufficient number of them. I don't see any objection to having more than 20 or 30 patients in one gallery. I have not so minute an acquaintance with such details, as to say whether any great damage would arise from having 70 in one gallery. I do not see any reason for limiting the size of asylums, if there is a sufficient number of good officers to manage them. You might suppose an asylum too extensive for the effective superintendence of one person; but from what I have seen, I

Removal of Lunatics from distant Localities.

Size of Asylums.

Size of Galleries.

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think an intelligent superintendent might very easily take charge of an asylum, even as large as to contain 500 or 700 patients. He must delegate his duties, to a certain extent, whatever the number.

Combined Asylums for Private and Pauper Patients.

I don't know any objections to private and pauper patients being in one asylum, if the buildings are kept distinct. I look favourably upon the department of public asylums, for lunatics who can pay, as a substitute for private asylums, which are made a source of profit to private individuals; and, from what I have seen, I think there is a decided advantage to the public in having lunatics, whatever may be their rank, in a public asylum, where there is a sort of superintendence constantly exercised over them, which could not be exercised in the case of private asylums, according to the present system in Scotland. I think pauper asylums ought to be separate from poorhouses, and that there should not be lunatic wards attached to poorhouses. I would place all pauper lunatics in public asylums, and abolish all licensed houses for paupers.

Private Department of Public Asylums.

Lunatic Wards of Poorhouses.

Licensed Houses for Paupers.

Impossibility of laying down any general Principle as to what Cases are proper for Asylums.

I think it would be impossible to lay down any general principle as to what cases are fit for asylums, and what not. Insanity passes by such imperceptible shades into eccentricity, that it is impossible to lay down any general principle. I think the plan of getting certificates from two medical men, specially appointed to examine each case, is sufficient in reference to that matter.

Suggestions as to future Legislation.

I think there should be some central authority to regulate and control everything connected with lunacy. I don't know how medical inspections of asylums are conducted, but I think they might be made very valuable. I have been in Thomson's house at Musselburgh; I don't think I have been in any other.

Monday, 28th January 1856.

Dr. John Leech. 28th Jan. 1856.

31. Dr. John Leech, Practising Physician, Glasgow.—Sworn and Examined.*

Suggestions for future Legislation: In Reference to the Person of the Lunatic.

I am of opinion that there ought to be a jury, or some equivalent for a jury, in addition to the Sheriff and medical certificates, in the case of lunatics; and that no warrant should be granted till the party is examined by a jury, or some equivalent for it. There should be some temporary house of detention till the legal proceedings are completed. It would be proper, in every case, that the patient should be brought before the parties who are to judge of the case, under certain judicious arrangements. The lunatic should be heard in self-defence. I think the Sheriff would be the proper party to preside over the jury. I would bring the medical men before the jury, and let them give their testimony there, instead of granting certificates. I think such provisions as these would prevent many practical evils that result at present

* This gentleman's evidence was taken at his own earnest solicitation, as he professed to be able to communicate much valuable information to the Commissioners.

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Dr. John Leech. 28th Jan. 1856.

from persons being brought up in a temporary state of delirium from drinking, or labouring under temporary excitement of any kind. I am of opinion that the jury should also inquire into the general condition and circumstances of the lunatic, and as to the property he is possessed of, with a view to its being properly taken charge of. I don't presume to say how the property should be taken charge of, but I know, from experience, that the present system, under the accountant of the Court of Session, is insufficient for the purpose. I think the system of licensed houses is an outrage upon common sense; because, not only are the appliances insufficient for the cure of lunatics, but they are open to the very greatest abuses. I am of opinion that all asylums should be public, but more under the immediate control of Government than at present. There should be a permanent board of commissioners, with power to appoint inspectors for the different districts of the country. The board should be composed partly of legal gentlemen, and partly of medical men; and, I think, there should also be some commercial men. The present system of visitation by the Sheriff is quite insufficient; I would leave the visitations to the board. The system in the Asylum at Glasgow is very good, but it ought to be subject to the control of the Commissioners. In reference to pauper lunatics, I think there is a risk of inspectors abusing their powers, for the sake of economy. Persons labouring under delirium tremens should not be sent to lunatic asylums at all; I think there should be separate institutions for their temporary detention. I have no further suggestions to make, beyond what are contained in my publications given to the Commissioners.

In Reference to the Property of the Lunatic.

In Reference to Licensed Houses.

In Reference to a General Board.

In Reference to Cases of Delirium tremens.

32. Charles Ford, M.D., Glasgow.—Sworn and Examined.

Dr. Charles Ford. 28th Jan. 1856.

I am resident surgeon to the Barony poorhouse, and have been so since December 1852. I hold my appointment at the pleasure of the board. I do not take orders from the governor; but there is some dispute about that, and I am not in a well-defined position just now. We receive the poor belonging to the parish. At one time we received paupers belonging to other parishes, but the Sheriff sent us an intimation, that all lunatic paupers belonging to other parishes should be sent to Gartnavel. Our patients are not feebler than those sent to Gartnavel; they are much the same. No private patients are admitted.

Nature of Appointment, and Duties.

Only Pauper Lunatics of Parish received.

The lunatics are admitted on the sub-inspector's petition. The certificates are signed by two district-surgeons, who are paid by the parish. At one time, the warrant was frequently not obtained till the day after admission; but this has not been the case for two years. To the best of my knowledge, all the cases are reported to the Board of Supervision. I cannot say whether they are reported immediately after admission, or half-yearly; I believe it is soon after admission. Very shortly after the house was

Manner of admitting Patients.

Reports to Board of Supervision.

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Dr. Charles Ford.

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Chronic Cases: Previously detained at Home from Motives of Economy.

licensed, lunatics began to be admitted. They were sent to Gartnavel before that. I suppose they were removed, because they could be kept much cheaper. We have several chronic cases. They are not always admitted at an early stage of the malady; they have been kept, perhaps in the town with their relatives, by the parish. Unless they become dangerous, and an annoyance to the parties keeping them, they would not be sent to an asylum. It is for the sake of economy that they are left with their friends. We have all forms of insanity in the house; they arise mostly from drink.

Prevalent Cause of Lunacy.

Lunatic Wards of Poorhouse.

The lunatic wards were fitted up, after the house was opened, for the reception of paupers. I believe there was no intention originally to make lunatic wards; that part of the house was intended for an hospital for the poorhouse. I think there is sufficient accommodation; an addition has been made, by order of the Sheriff, since the visit of the Commissioners. We have

Classification of Patients.

not sufficient room for classification. We separate the convalescents as well as we can; but we cannot separate the other

Limited Accommodation.

classes. The house is too small for classification. We were obliged to put too many patients into one dormitory. We have

Deficient Number of single Rooms.

not a sufficient number of single rooms. We have only two day-rooms,—one for convalescents, and one for other patients. There

Furniture.

is no furniture in the dormitories but the bed-steads. In the day-rooms, the patients sit upon forms. We have an infirm ward for weakly patients; it contains no easy-chairs, and the

Infirm Ward.

patients generally lie in bed. We very seldom have infirm patients. The house would have been crowded but for the

Number of Female Patients.

addition made to it. We have 67 female patients just now. We have taken in three rooms, part of the old hospital. The patients are allowed nearly 800 cubic feet of space just now. The house

Means of Ventilation.

is ventilated by an apparatus in the wall. I don't approve of the ventilation. When the wind is in a certain direction,—on the side where the ventilators are,—the outward current is much

Temperature of the House.

stronger, and throws back the foul air. The house is generally kept, during the day, at a temperature of 60 degrees in winter, and during the night, as well as we can regulate it, at from 60 to 62 degrees. As soon as the patients rise in the morning, the windows are let down. Those in the sitting-rooms are down all night, so that the rooms are fresh in the morning. The dormitories are heated. I don't think any of the patients suffer from cold, except those who are of wet habits.

Supply of Water.

We have very good water in three or four parts of the house. It is abundant and of very good quality,—much superior to the Glasgow water. It is forced from a well by an engine, into

Drainage.

large cisterns. The drainage is carried off into tanks at some distance from the house. The house is very well drained. At one period, there were complaints of the drainage; that was when the house was opened, four or five years ago; but there have been none since.

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Diet.

The diet is as follows:—Breakfast consists of 8 oz. of bread, and a large tinful of porridge and milk; dinner, of 1½ imperial pint of broth, and 4 oz. boiled meat; supper is the same as breakfast. There are no separate diet-tables for the lunatics. The diet is regulated by the stewards; that of the lunatics is the same as that of the working paupers. It is not fixed by the Board of Supervision, but it is subject to their approval. There have been no complaints as to the quantity. The females got 4 oz. of meat only every second day, but I ordered it every day; I thought they would be the better of it. Cholera was in the house last winter, and I thought it would be better to increase the diet. I have power to do so, but I am obliged to send an intimation to the parochial board. There is a little grumbling, occasionally, about it, but they always agree. The meals are served in the sitting-hall, and all the food is taken with spoons.

Clothing.

I have power to order additional clothing, such as flannel. The patients are sufficiently clothed; they change their linen every week.

Bedding.

The beds have sufficient coverings,—2½ pairs of blankets and an under-sheet. The patients have all single beds; none of them sleep double.

Beds for wet Patients. Their faulty Construction.

We have iron bed-steads, with zinc pans under them, for the wet patients. I disapprove of these beds, because they produce rheumatism. There is only a sheet, or an old blanket below the patients, and they are exposed to a great draught of air. I proposed a wooden bed-stead, with a tray lined with zinc, to draw out in the centre, but it has not been adopted. The patients have suffered from the present system. There is not sufficient clothing under them, and we have had cases of chronic rheumatism in consequence. I have proposed the new plan, which I have mentioned, to the board, but they are a long time in carrying it out. They consider, I suppose, that it is a trifling matter, and that they have more important things to engage their attention.

Baths.

The washing of the linen is done in the ordinary department of the poorhouse; there is sufficient accommodation for that purpose. Warm baths were fitted up about a fortnight or three weeks ago. Previously, we had an old boiler, which was useless, and the water was carried in pails; the patients were not then sufficiently bathed. We have now two baths, one for the males, and another for the females; and they are bathed regularly once a week.

Shower-bath.

But the patients object to it very much. We have a shower-bath, but it is not used without my sanction. It is not used as a punishment.

Condition of the Patients in the Dormitories.

There are earthenware chamber utensils in all the dormitories. The dormitories are locked at eight at night, and opened in the morning between six and seven. None of the attendants sleep in the dormitories. There are no close-stools in them. The patients use the chamber-utensils for all purposes; or they knock at the door, and the nurses and attendants hear them. The knocking may be heard in any part of the house.

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The patients undress in the dormitories; the clothes of the females are placed under their beds, and those of the males in the lobby. They dress in the dormitories in the morning. I am not aware that any accident has happened from leaving the clothes in the rooms.

Airing-Courts.

There are two airing-courts, one for the males, and one for the females; that is quite sufficient. The females' court is very large—at least three quarters of an acre. The court for the males is not so large; they are more out in the fields. I think about 15 males, on an average, never go beyond the airing-ground.

Occupations.

A few of the patients clean the house; the able-bodied men work in the fields. There is no difference in the diet of those who go to the fields and those who do not. The females don't work in the fields. They are never beyond their airing-court. As to occupations, the females sew; the men work in the fields, and in wet weather pick cotton. All the males are occupied, excepting 15, and nearly the same number of females are employed. They have liberty to go into the airing-grounds when they choose; the doors stand open. At one time the patients had a ball weekly, but the person is dead who used to play. They have no concerts or music; they never go beyond the bounds. They have books—there is a small library for the males, and they get "Chambers's Journal" and the "Family Herald" weekly. That is the only sort of amusement they have. They attend chapel on Sundays, with the other paupers. We have no exclusive chaplain for the lunatics, and they have no religious services of any kind, excepting attending chapel on Sundays. There are many Roman Catholics among them. There is a Catholic chapel in the house, but I don't allow them to go there. The priest objected to the nurses accompanying them, unless they also were Catholics. There are perhaps 10 or 12 Catholic patients. On the first and third Fridays of the month, the friends of the patients are admitted to see them, and oftener when they are sick. They don't require to apply for an order of admission; they are entitled to admission on these days. There is a reception-room—or rather, one of the nurses' rooms is used for that purpose.

Females never beyond their Airing-Court.

Amusements.

Books.

Religious Exercises.

Visits by Friends.

Number of Attendants.

Its Insufficiency.

False Position of Medical Officer.

Restraint.

Seclusion.

There are three male, and three female attendants. Two male attendants go to the fields with the patients. The house was licensed for four males, and four females, as attendants. I don't think three sufficient, and I have recommended more. But I am told my demands are too great, and I must keep quiet; and they say, "You are troublesome; perhaps some other person will be got;" and I feel that if I put myself in opposition to the managers, I would be dismissed. We seldom have recourse to strait-waistcoats; muffs are the only things used, and they are not much employed. We have a lock-up place padded; there was great difficulty in getting it. One or two cases are generally in seclusion—very seldom more. We have two lock-up places; they

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are not constantly in use, but if a person is very dirty he is placed there. The register of restraint is kept by the governor; I am not aware if the seclusion cases are entered. I don't keep the records; I keep a case-book of my own for sick patients.

Records of Restraint and Seclusion.

We have had two cases of suicide within three years. The first, a male, was brought in and placed in one of the cells, and the keeper did not report him to me till after death. He stuffed his shirt down his throat, and was found dead about six o'clock. The other case occurred six months ago—a patient labouring under delirium tremens choked himself in the water-closet, by tying his handkerchief round his throat; and he was not discovered till another patient went in. He had attempted suicide in the police-office. Such cases are reported to the Sheriff, but the procurator-fiscal is not sent to investigate them.

Cases of Suicide.

No official Investigation of such Cases.

There is no regular night-watch in the lunatic wards. I made a rule, that the ordinary watchman should ring a bell at two in the morning, for the nurses and attendants to make their rounds. That was carried out for a short time, and then discontinued. I have no power to enforce these regulations; the governor has the whole power. If the attendants disobey my orders, I have no power to dismiss them. I have not heard any complaint of patients suffering during the night from throwing off the bed-clothes. I am not aware of any having slept naked. I have visited during the night, but I never saw any one naked. I don't visit the dirty patients at night; I don't know whether they are without shirts. I frequently visit about eight o'clock, when they are going to bed, and in sick cases; but, as a general rule, there are no visits to the dormitories after the patients have gone to bed. I am not aware that any dirty patients are put to bed without body linen. There have been accidents in the dormitories from patients attacking each other, but never serious ones. The patients in seclusion have the same coverings as those in the dormitories, but they sleep on the floor; they never sleep on loose straw.

Night-Watch.

Powers of the Medical Officer.

Condition of Patients during the Night.

Night Visits by Medical Officer.

I consider the seclusion rooms sufficiently ventilated—there is a ventilator in the side-wall, and a counter current of hot air; but there is no window. On the female side, there is a small slip of glass covered with wire, beyond the patient's reach; on the male side, there are no means of admitting fresh air from a window. But improvements are being carried out now, and a window is to be put in on the male side. The old seclusion rooms down stairs have been done away with. These changes were made on the recommendation of the Sheriff, since September 1855. The attendants are very good; they generally stay with us a considerable time. The principal female warder has been there upwards of three years, and the others nearly 12 months; the male warder has been upwards of three years.

Ventilation of Seclusion Rooms.

Qualifications of Attendants.

The ventilation is not injurious to the patients, but still it is not complete. They are sufficiently fed and clothed. The mor-

General Condition of Patients.

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Mortality of Patients.

Excessive Mortality in 1852.

Mortality in 1853.

Mortality in 1854.

Comparative Mortality in Poorhouse and Royal Asylum.

Mortality in 1855.

Inquiry by Board of Supervision.

Visits by Officers of Board of Supervision.

By Committee of Parochial Board.

By Sheriff.

Discharge of Lunatics.

tality has not been great in my time. During the three months of 1850, in which the house was open, 4 died; and in 1851, 24 died. The greatest mortality took place in 1852, and I never could get at the cause of it. Mr. Lyon was the medical superintendent then; fever broke out in the house, and six or seven deaths took place in a week. The fever must have arisen from overcrowding. It was supposed, too, that the sewer had broken into the well, and affected the water which the patients drank. The mortality extended to the whole poorhouse, and there were 15 or 16 dead bodies at one time in the dead house. An investigation took place, I believe; but that was before I came to the house. In 1853 there were 30 deaths; a great many old people who had been removed from Gartnavel, when the house was licensed, died in that year. There was no marked disease in 1853; the mortality was high, but my attention was not attracted to it. In 1854 there were 23 deaths. Several patients die soon after their admission; they are brought to the house *in articulo mortis;* and you can't carry out your treatment so well in these places, as in a general establishment. You might imagine, that the mortality in Gartnavel and in the Barony would be the same, and I cannot explain how the mortality in the Barony is double that of Gartnavel. They send us very bad cases—people worn out by excessive drinking. In 1855 there were only 16 deaths. I believe the Sheriff's attention was directed to the mortality which took place in 1852, and it was in contemplation to withdraw the license from the house. I am not aware whether the Board of Supervision made any inquiry.

I believe there has been only one visit from the inspector of the Board of Supervision since I went there. These visits are not intimated to me. A committee of the parochial board visits weekly: they visit the lunatic wards, see that they are properly ventilated, and that the patients are well fed, well clothed, and comfortable; and they make a report to the parochial board. The Sheriff visits twice a year. I go with him. It was at my suggestion that the present improvements on the house were carried out—the additions to the building, the padding of the rooms, and the increase of the number of cubic feet for each patient. I spoke to the Sheriff about the new beds which I suggested for the wet patients. There is a record kept of his visits. The patients are discharged by me when cured; their friends are written to. No notice is sent to the Sheriff; but intimation is made to the Board of Supervision. The friends frequently apply before the patients are properly recovered, but unless they can be safely set at liberty I never discharge them. I don't consult the Board of Supervision before liberating them. Intimation of the discharge is sent to the Board of Supervision by the governor. I daresay it would be better to send pauper lunatics to an asylum, apart from the poorhouse.

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Mr. J. C. Fraser. 15th Feb. 1856.

Friday, 15*th February* 1856.

33. Mr. JOHN CHARLES FRASER.—Sworn and Examined.

I am principal clerk in the office of the accountant of the Court of Session. The office was instituted on 28th July 1849, and I have been in it from the commencement. Previous to that period there was no analogous office in the Court of Session. The principal duty of the accountant is to look after the property of pupils, absent persons, and those labouring under mental incapacity; and the judicial factors appointed by the Court to administer such property. The office embraces the accounts of tutors-dative from the Exchequer, and tutors-at-law in Chancery, appointed subsequent to the passing of the Act, as well as of factors appointed by the Court, both before and since the passing of the Act, 12 and 13 Vict. c. 51. There is a clause in the Act, empowering such tutors as had been previously appointed, to place themselves under the Act; but that has not been taken advantage of in any one case. In all cases of curators bonis to lunatics, we know what has previously taken place, but not in reference to tutors-dative. The return recently made to the Commissioners, only embraces cases of curatory arising since the passing of the Act, under the explanation given in the preliminary statement.

Institution of Office of Accountant to Court of Session, by 12 and 13 Vict. c. 51.

Duties of Accountant.

Retrospective Provision of Act.

To abuses which took place previous to that period, our attention has also been particularly directed. I am aware, from recollection, of the circumstances of three cases which took place in appointments, previous to the passing of the Act. One was the case of a curator bonis to a landed proprietor, whose sister he had married. He applied to the Court for power to pay an annual sum for the maintenance of the lunatic. The Court authorized an annual allowance of £120 to be paid; and the curator took credit annually for this sum, as if it had been paid. When the accountant came to investigate the accounts, it was found the curator had no vouchers for these payments, and he explained that his wife, who was entitled to succeed to the estate, but who was now dead, took charge of all payments on account of her brother, and that he never had asked her for the vouchers. This was a very reasonable explanation, we thought at the time. But, having afterwards reason to doubt his statement, the accountant made further inquiry, and found that he had paid only £30 a year for the lunatic's maintenance, which, extending over 14 years, made £1260, which he had put in his pocket. The result was, that he was made to consign it. Owing to his extreme old age and his bad health, he was not reported to the Court. That case was only recently detected under the new Act. It existed for many years before the passing of the Act. A medical man was sent to ex-

Abuses of Trust previous to passing of Act.

First Instance.

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amine into the condition of the lunatic, and we found that he was kept much below the style in which he ought to have been kept, and which the estate would have warranted.

Second Instance.

The next case was that of a curator bonis, also to a landed proprietor, the curator being the next heir of entail. The lunatic was placed in an asylum at £112 a year. We found, on sending a medical man to examine into his condition, that he was kept in much too humble a way, that he had the capacity for enjoying a higher degree of comfort, and that at least £225 a year should have been paid to secure it. The income of the estate was £1100 a year, but there were burdens. The surplus revenue was employed by the heir of entail, the curator bonis, in improving the estate to which he was entitled to succeed.

Third Instance.

The third was the case of a lady-lunatic. The income of the estate was about £600 a year, and £60 was spent on her maintenance with a private family. The curator bonis was not interested in any way; he was a mere nominal party. The nephew, who succeeded to the estate, had, practically, the whole control. We took steps to send a medical man to examine into her condition, but she died, in the meantime, and we had no further means of investigating the case, or beneficial interest to serve by prosecuting further inquiry.

Existence of similar Cases.

There are other cases of the same kind; but I am not able from recollection to select from such a variety. Before the passing of this Act, there were great abuses. All those referred to, were existing cases before the Act passed, but the investigation was prosecuted under the statute.

Accountant's Powers and Duties.

The accountant's powers reach all the different classes of lunatics under judicial control. I think factors appointed by the Court have not an immediate control over the lunatic; that is left to relatives in the ordinary course of law. The general duties of the accountant are to examine and audit the factor's accounts; and, amongst other things, to consider the amount paid for the maintenance of the lunatic. I think he is entitled to inquire, and he does inquire, into that. Under the new Act, there have not been many cases of controlling parties, in reference to the amount paid for maintenance, but cases have occurred. Security is taken for their intromissions, from all factors, by the Court. We know nothing of the case until a bond of caution comes to us, transmitted by the clerk of Court. Chancery cases come through the Chancery clerk. By section 3 of the Act, the factor is bound to give up an inventory of all the property belonging to his ward. At first, there was no check, but the factor's own statement; but it was pointed out to the Court, that, if in the petition for the appointment of a curator, a specification of the estate was made, we would be able to check what the factor afterwards gave up,—the petition proceeding at the instance of the relatives. To a large extent that has been attended to, but in some cases it has been neglected. It is quite possible that we

Examination of Factor's Accounts.

Control of Expenditure for Maintenance of Lunatic.

Inventory of Property given up by Factor.

Its occasional Neglect.

Possibility of Deception.

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may be deceived as to the real amount of the estate, which ought to be given up by the factor. There is a regular accounting once a year. That is rigidly observed. The Accountant fixes the factor's fee, or commission. It is regulated by the nature of the case, the capacity of the estate, and the nature of the functions performed. His decision is subject to the review of the Lord Ordinary; but in no case has the commission fixed by the Accountant been appealed against. In ordinary circumstances, 5 per cent. is the usual allowance on rents; or, if the rents are small, 7½ per cent. I have known 10 per cent. allowed; 5 per cent. is the highest rate generally allowed on revenue; but the rate is frequently smaller, where it happens to be interest on bonds, or where the estate is very large.

Annual Accounting. Factor's Fee. How Charged.

Degree of Control exercised by Accountant.

The accounts are exhibited to the Accountant, but the money is not deposited with us, and we have no power over the drawing of it. While it is in the bank, the factors have full power to draw it out as they please; for twelve months they may do that; that is, till the next accounting. We have only their caution as security. There have been a good many cases, under the statute, of factors being dismissed. As to lunatics, we have one case reported to the Court just now. I have not the slightest idea of the amount of lunatics' property under the charge of the Court; but I think we could furnish a statement of it.

Amount of Lunatics' Property under Charge of the Court.

Curators reported to the Court. Special Case.

With regard to reporting curators to the Court, we have reported many such cases, but chiefly curators appointed before the passing of the Act. I may mention one case, where the party was curator to a lady, whose whole estate consisted of £1000. He immediately employed this sum in his own business as a sheep farmer. The Accountant reported him to the Court, and he was dismissed. He found additional security for the payment of the £1000, and the money was ultimately paid. But, shortly afterwards, he became insolvent; and, no doubt, but for these immediate summary steps, the whole of the property would have been lost to the lunatic. That is an existing case, and it is now under a new curator.

Powers of Curator. Security found.

The curator, as I have stated, has power for twelve months to draw any amount of money from the bank. The caution he finds is unlimited; but there is no proper means of testing the sufficiency of the caution. That is received by the clerk of Court, and, I rather think, the practice is lax, and, perhaps, unavoidably so. With that exception, I think the machinery under the new Act is very efficient. We have no certain means of testing the application of the money for the maintenance of the lunatic. For example, in the case of a lunatic residing in a private family, we get vouchers from the party, but we have no means of knowing if the money is beneficially applied. The Accountant does not consider himself called on to visit the lunatic. All we do, is to see that a certain sum is paid for the proper maintenance of the

Checks on Curator's Administration of Money allowed for Lunatic's Maintenance. Accountant not called on to visit Lunatic.

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Accountant has no Control over Residence of Lunatic.

Resulting evils.

Special instance.

lunatic. We don't know how it is actually spent. The Accountant has no means of controlling the residence of the lunatic, even if he thought his actual residence objectionable. That leads to another evil, viz.,—that the lunatic is sometimes at large —perhaps not a fatuous person, but certainly incapable—and he goes on contracting debts, and these debts become a charge on the property. That has happened more than once. The last case that I recollect of, is that of a lady in the country, whose curator bonis resided in Edinburgh. She went on contracting debts, through a law-agent, to a very large extent. He used to pay her household accounts, and he charged the usual professional fees for paying a grocer's bill. She died before any question was raised, and the relatives resolved not to press it.

Removal of Tutors.

By section 31st, the Court has power to remove tutors. I believe that applies to tutors-at-law. I think the court would supersede a tutor-at-law, and appoint a factor-loco-tutoris (as specially empowered by the statute) in his place, if he failed in his duty. I cannot say whether the Court would remit to the Sheriff for a new cognition, but think not. All the provisions of the statute are observed. The Court of Session has power to pass acts of sederunt. It has passed three such acts, the dates of which are 11th December 1849, 1st February 1850, and 11th March 1851. I have a strong opinion that lunatics should be under the control of the factor, subject to the direction of the Accountant of the Court, and under certain regulations in reference to residence and mode of maintenance. At present, I believe the person of the lunatic is not under the Accountant at all.

Suggestions for future Legislation.

John Maitland, Esq. 15th Feb. 1856.

34. JOHN MAITLAND, Esq., Accountant of the Court of Session.

Mr. Maitland having been present during a part of the above examination, and having been asked if he had any suggestions to offer, after being duly sworn, gave the following evidence:—

Securities for proper Application of Fund for Lunatic's Maintenance:

In Asylums.

In private Houses.

In the case of lunatics in public asylums, or in private licensed houses, we are satisfied if we see that the payment is at a suitable rate, and if there is distinct evidence that it is made. In these cases, we presume the lunatics are well cared for. In the case of a lunatic placed with his own family, or with relatives, very much the same amount of evidence satisfies us. If a lunatic is taken charge of at his own residence, or estate, or farm, and is supported on the fruits of it,—that is a very troublesome case; and it is exceedingly difficult to know whether the fruits of his estate are properly accounted for, and whether he gets the benefit of them. In these, and other doubtful cases, medical men are sent to report, whether the lunatic seems to be having the full benefit of the expenditure for him, that is taken credit for, or whether there is anything to suggest. I don't believe I have

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authority to do that, but nobody has objected to it. There is another class of cases, not very few, where the lunatic moves very much about, and where, perhaps, that is the course of life which the medical men have recommended for him. In such cases, we have nothing for it but to look to rigid vouching. Another class of cases, and a very numerous class, is where the lunatic resides with the curator, or where the curator, perhaps, is living with the lunatic on his estate. These are troublesome cases. The factor fixes the payment in these cases; but if I see that it is very high or very low, I institute an investigation. But, in most of these cases, the question is, whether the money is beneficially spent for the lunatic's behoof. We never inquire whether the cases are reported to the Sheriff or not.

When moving about.

When resident with Curator.

Procedure in Cases remitted to Medical Men for Inquiry.

When I remit to medical men, they are informed of the amount of the lunatic's free income, and the amount of payment allowed; and they are requested to state whether the style of living is suitable, and whether the money seems to be expended for the lunatic's behoof, and to make any suggestions that may occur to them. The check on the treatment of the lunatic is, therefore, the report by the medical men. There is no particular officer for this purpose. The medical men are paid out of the funds of the patient. In a very considerable number of cases, the curator has a good deal of personal trouble with the lunatic, and he expects to be paid for it. I don't think I have distinct power to make allowance for that, except viewing the curator as so far doing the duty also of a personal attendant.

Remuneration of Medical Men.

Allowance to Curator for personal Trouble.

Control of the Person of the Lunatic.

As to control over the person of the lunatic, I think somebody should have it; I don't know whether it should be the curator; I rather think it should be somebody separate and independent, as in England. There is a great want of some person of this sort, particularly in those cases which are very numerous, when people are not shut up.

Management of Funds when of small Amount.

There is a vast number of cases where the funds are so small that it is evident they will be exhausted in a very short time. Sometimes the inspector of the poor is appointed to look after these cases, in order to make the most of the funds. There was a fee-fund established—from fees paid by each of the estates. There is a table of fees in one of the acts of sederunt.

Lunatics and Curators beyond the Jurisdiction of the Court.

With regard to the returns which have been sent to the Commissioners—there are cases in which the lunatic is living in foreign parts, and others where the curator is living abroad, though the lunatic is not. There is no provision in the law to prevent that. It might be attended with practical inconvenience; but there has been no inconvenience felt, except where curators have run away for a purpose. The first-named parties are sure to have an agent who does all the duty. It is the understanding that curators ought to be within the jurisdiction of the Court. I recollect the Lord-Justice Clerk expressing great surprise on one occasion,

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when it was mentioned that one was not. I believe it is an abuse, but I don't know any provision to prevent it. There are certain cases in which the residence is not stated. We don't know it. I consider that the factor should let us know. We see to whom the payment for maintenance is made, and that the estate is properly managed, wherever the lunatic may be. When the lunatic lives with the curator, the curator fixes the amount of payment himself, under the check of an investigation. It often happens that the lunatic is one member of a family, and the curator another.

Residence of Lunatic occasionally unknown to Accountant.

Lunatics living with Curator.

Proportion of Expenses to Revenue.

There are cases where the expenses bear a large proportion to the revenue. These may embrace law charges. There are several cases where the average expenditure on the lunatic is considerably more than the annual income. That will often happen from the estate being very small. In some cases there is an arrangement with the friends. The curator might apply to the Court for power to sink the money of the lunatic on a life annuity; but only one or two have done so, because lunatics are supposed to be bad lives. In many cases the capital is soon eaten up, and the parties become paupers. There are cases where no revenue at all has been realized; there is perhaps a multiplepoinding—the whole estate is contingent. The lunatic is perhaps supported in the meantime by his friends; or by the curator, on his chance of getting payment afterwards.

Purchase of Annuity.

Absorption of Capital.

Cases where there is no Revenue.

Thursday, 12*th June* 1856.

35. William Alexander Francis Browne, M.D.—Sworn and Examined.

Dr. W. A. F. Browne. 12th June 1856.

I am physician to the Crichton Institution, Dumfries, and have held that appointment for 18 years. I am appointed *ad vitam aut culpam*, and am not removeable without the consent of three-fourths of the acting Trustees and Directors. My duties are very multiform; they are both medical and superintending. We have a house-steward, but he is supervised by me; I inquire into the mode in which contracts are fulfilled. In short, all the duties of management are either performed or supervised by me, excepting those connected with pecuniary matters. The steward is under me.

Nature of Appointment.

Duties of Appointment.

Visits by Directors.

The Directors examine the Institution at all times they please. There are fixed monthly visits, made by them, according to the regulations; but they come in at all times, and examine into the state of the Institution. At their monthly meetings, they receive reports from me as to the state of the patients, the mode in which contracts are fulfilled, and the manner in which servants are doing, and have done their duty. They may examine case-books, and all other books kept in the house; and at the annual meetings they

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receive an epitome or condensed view of all these various reports. There are three Trustees, who are empowered to name their successors, and seven Trustees and five Directors. Of these I should say about five, on an average, attend our annual meetings. There cannot be a meeting unless one Trustee and two Directors are present. The management of the Institution, practically, passes into the hands of one or two individuals—the most active-minded or philanthropic of the members.

Number of Directors.

Attendance on Annual Meetings.

Both private and pauper patients are admitted into the Institution. The private patients are from all parts of the United Kingdom. Perhaps the majority are, judging from their faith, from England. The demand for admission is very great. I am obliged to refuse great numbers of private patients. My report for 1855 contains the number refused for that year. I cannot tell the number I have refused since then, but I should suppose I have already refused 50 private patients. I may add, simply as an indication of the numbers wishing to get admission, that not a few of these were individuals willing to pay our highest rate, and that we have at present some inmates in our galleries paying £50, £60, or £70 a year, who would pay much more if we had better accommodation for them, and who accept the accommodation we can give them, simply as a fitting shelter. We have positively rejected three who would have paid us the highest rate—£350; and there is a fourth, who could have paid that sum, whom we have had to put into a gallery, giving the same treatment as to those paying £60 and £70, with the addition only of a special attendant. This is a lady who could and would have paid the highest rate.

Domiciles of Private Patients.

Great Demand for Admission, and consequent Refusal of Private Patients.

Our pauper patients generally come from the three southern counties of Dumfries, Kirkcudbright, and Wigtown, and from certain parishes in Ayrshire. The three counties first named have a preferential right of admission for their patients. In our Act of Parliament it is expressed that the Asylum is chiefly intended for their accommodation, but there is no exclusive preference given them. No patient from these counties has ever been refused; I have instructions, though there is no express rule in the matter, never to refuse them. We are obliged often to refuse patients from other counties. Without any reservation, all English pauper patients have for the last few years been refused,—the sole reason being want of accommodation. We do not select our cases; we take all cases that come from the three counties I have mentioned; and from certain parishes in Ayrshire, which have for a long period sent patients to the Asylum, but which have no other right than that derived from prescription. These include the parishes of Kilmarnock, Colmonell, Kilwinning, Irvine, and others. We do not refuse pregnant females, or troublesome cases; I have a right to refuse pregnant or dying cases; but no cases have ever been refused, in reference either to their physical or mental condition.

Domiciles of Pauper Patients.

Refusal of Patients from Want of Accommodation.

No Selection made of Cases.

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Right of Refusal:

In Reference to Cases of Pregnancy.

In Reference to Contagious Diseases.

I consider the right of refusal a proper right to be enjoyed, particularly with regard to cases of pregnacy; but simply from the difficulty of finding a competent person to attend such cases, which may sometimes be better attended to at home. With regard to patients suffering under contagious diseases, I consider the right of refusal necessary, inasmuch as it is better to run the risk of contagion in a small community than in a large one. The case of a pregnant female, who could not be attended to at home, would be admitted at once. There is of course, greater expense incurred in such cases, and a higher rate might with propriety be charged for them.

All Cases sent from the three Counties accommodated.

Though the Asylum offers accommodation to the three southern counties, and all cases that are sent from them are received, it appears from the statistics in our possession, that all the cases which occur in them are not sent. I consider the Asylum conveniently situated for all the three counties. It is on the borders of two, and with regard to the third, it is as near to it as an asylum at Ayr would be, or as the Glasgow Asylum is. The cases from Dumfries and Kirkcudbright, are somewhat of a more curable nature than those from Wigtown. I do not attribute this difference so much to anything in the district, as to the salutary effect of more immediate reception. The distance of Wigtown operates to the disadvantage of its lunatic patients, by increasing the delay, and decreasing the willingness of the authorities to send them; because, of course, distance implies expense. I may mention, however, that this disadvantage is likely to be somewhat diminished by the introduction of railway accommodation, for which a bill has passed the ordinary committee of the House of Commons.

Degree of Curability of Patients from the different Counties.

Disadvantageous Effect of Distance.

Condition of Pauper Lunatics resident with Relatives or Strangers.

I have had opportunities of becoming acquainted with the general condition of pauper lunatics detained at home. They are usually kept under some kind of restraint, either by bonds, or by being shut up in a closet; and cases have come under my notice where the patient has been shut up in the water-closet, or in a press under the stair. I have seen patients affected with chronic lunacy, who were detained at home, and put to labour on farms or on bogs. I have reason to believe, that there are many chronic cases detained at home that ought to be sent to asylums. The reason for this is, generally speaking, that the patients can be more cheaply maintained at home. I am alluding of course to parochial paupers. The cause of their being kept for less at home than in asylums, is due, in many cases, to the farmer or cottager taking their work, in lieu of a certain amount of payment. Were it possible to make a certain allowance for their work during seclusion, the number of pauper patients sent to asylums would perhaps be greater.

Proper size of Asylums.

With regard to the size of asylums, I would prefer, *quoad* the lunatics, small asylums and numerous; but, *quoad* those who

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Disadvantages of large Asylums.

have to pay, large asylums in central positions. Large asylums I consider very disadvantageous in some respects. For instance, I do not properly attend, according to my own standard of duty and usefulness, to the 350 inmates of our Asylum. I think 300 cases are as many as any man can properly attend to; or, indeed, as we are now able to attend to, even with assistance. With any amount of assistance, I do not think I could efficiently attend to a greater number. At the present moment, from the nature of my duties, I am physician, superintendent, upholsterer, gardener, farmer, clerk, &c.; and, indeed, have to undertake every possible duty, instead of having only that of medical superintendent to perform. I think three hundred patients ought to be the maximum number of patients in an asylum, receiving both acute and chronic cases. With reference to the influence of size on the success of treatment, small asylums invariably send out a greater number of cures; and with regard to moral influence, it is quite obvious that the aggregation of a mass of unhealthy minds must in itself prove detrimental, and obstructive to recovery.

Proper maximum Size of Asylums.

Advantages of small Asylums.

Question.—Then you think fifty patients would be a better number than a hundred.

Comparison of the Results in large and small Asylums.

Answer.—No doubt the duty could be much better performed; but it would be almost to look for Utopia, to expect the establishment of such houses. The recoveries are greater in smaller houses; while, on the contrary, the mortality seems to increase with the numbers congregated together. I do not allude to such institutions as Hanwell and Colney Hatch, inasmuch as the cases sent there are said to be chronic, and of long standing; and, therefore, it would be unfair to cite them as instances of diminished curability, in proportion to the numbers sent; but I speak of other institutions, such as you find in France. The sole reason for large establishments is economy.

Situation of Asylums.

I think being near a town also affords an advantage to an asylum,—I mean such a town as would afford good supplies of provisions; and, if possible, those moral means which are so essential for treatment, viz.,—amusements. The town of Dumfries is sufficiently large for most purposes; but a town of 20,000 inhabitants, would be better than a town of 12,000; for, with regard to the standard of amusements, and moral means of distraction, Dumfries is somewhat below the mark. We have no public sights; few lectures; few means of amusement. In fact, we have endeavoured, instead of relying on the town, to produce those means of amusement within our own limits. I send patients to theatres and concerts constantly, when there are opportunities in the town. I would prefer having lectures, for many patients who are sent to these amusements, and for those whom we cannot send to such places; because it is impossible to send patients to them in large numbers, and those who are allowed to go, must be selected with great caution. No patient, however, is

Advantages of Proximity to a Town.

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obliged to go to theatres or concerts, and every scruple is respected; but, on principle, I do constantly send them.

Combined Asylums for Private and Pauper Patients:

I think a combined asylum for private and pauper patients confers great advantages on both classes. I would not consider it advantageous to limit district asylums to pauper patients; because, I believe, the combination is advantageous, firstly, on economical, and, secondly, on moral grounds. The boon to the pauper patient is very great, and that to the patrician equally so. For instance, the food which the higher orders do not consume, goes to assist in the support of the paupers; so that in the Crichton Institution, and I believe in all similar institutions, the diet-roll is not a true index of the food supplied to the pauper.

Their Advantages illustrated by Reference to the Crichton Institution and Southern Counties' Asylum.

In the Southern Counties' Asylum, many of the pauper patients have animal food almost every day, where the diet-roll would indicate that it is supplied only every other day; and, on the other hand, a great boon is conferred upon the patrician, at a very small expense, by the cultivation and dressing of the grounds by the paupers. Then, again, with regard to moral influences, meeting in worship, meeting in amusements, ministering one to another,—all this is beneficial under proper and judicious treatment. I think the erection of the Southern Counties' Asylum has been advantageous in a high degree to the Crichton Institution, while the connexion has been in no degree detrimental, so far as the paupers are concerned. I do not consider there is much danger of the officers neglecting the pauper patients, to attend to those of the better classes, especially if due vigilance is observed. In general, we rather find our officers bestowing more care on the paupers, in consequence of the curability of the cases, than on the patricians. It might be better, for some reasons, if the Southern Counties' Asylum were further removed from the Crichton Institution; but, in other respects, its proximity is a great advantage, particularly in regard to the services of the officers.

General Condition of Private Patients on Admission.

Delay in sending Private Cases to Asylum.

With regard to the general condition of the private patients admitted, I should say, that, till within the last ten years, a large proportion were affected with chronic forms of mental disease. Many of them had been previously boarded out, and some had been in other asylums. There is often much delay in sending private cases, arising from a variety of causes—first, from the feeling of the families, who are naturally averse to the step; and, secondly, from the conduct of the medical men, who generally seem to think it their duty first to exhaust all other means in their power; though, of late, this view has undergone modification. I think it advantageous that cases should be sent to an asylum as soon as possible. Of course, there may be exceptions;

Pauper Cases generally more curable than Private Cases.

but, as a general rule, early treatment is most efficacious. The private cases are not more curable than pauper cases. On the contrary, paupers are more curable—first, on account of the delay that generally takes place in sending in the higher classes;

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and, secondly, because the uneducated and undeveloped mind is more amenable to the influences brought to bear on it in the asylum. But, though there is less delay with pauper patients, there is, nevertheless, undoubtedly delay,—delay by the inspectors; and it is becoming greater, in consequence of the exercise of the power given to the Board of Supervision to dispense with seclusion in asylums. These dispensations are very numerous; so numerous that they would soon fill all the workhouses and private depôts in the country. Last year, the Board of Supervision sustained 213 applications for dispensation. The mode in which the Board proceed in dispensing with removal is this:—They remit the case to the medical man in the pay of the parish in which the lunatic is domiciled; and they sometimes decide in opposition to the expressed opinion of the medical man, under whose care the pauper lunatic is, if he has already been an inmate of an asylum. Pauper cases are generally sent by the inspectors; the procurator-fiscal sends only those who come under what is called Fox Maule's Act—those who have committed violations of the law, or are dangerous lunatics. In cases, where the parish of settlement is unknown or disputed, it is the inspector of the parish in which the lunatic resides who sends him.

Dispensation of Removal to Asylums by Board of Supervision. Procedure of the Board in such Cases.

We send for our patients, if it be represented to us that they cannot be easily transported without the aid of an attendant. The pauper patients are generally brought by the inspectors themselves; but sometimes, and, perhaps, as frequently, they arrive under the care of the police; or the duty is deputed by the inspector to the rural police. Females are not generally accompanied by female attendants. We never make use of chloroform in bringing refractory patients. I would not consider that a legitimate use of the drug, especially in the hands of those who are not accustomed to use it. It has, I believe, been used in bringing patients to the Crichton Institution, not by our attendants, but by those persons to whose care the patients had been confided by their friends. The practice was without my sanction and knowledge, and has been reprehended by me.

Removal of Patients to Asylum.

Chloroform.

Paupers do often arrive bound, and several patients arrive every year in a dying condition. Some are brought to the house, who never leave their beds again. Some come with fractured limbs, or otherwise wounded. Some are dirty, destitute, unclothed, and apparently ill-fed; but the emaciation might be the result of the disease. Unwillingness on the part of the friends of paupers, may have something to do with the delay in sending them to asylums; but, from the very great number of applications we have from indigent persons not paupers, delay must generally, I think, arise from other causes. I should think it may sometimes arise from a wish to postpone the charge on the parish. In many cases, families are exceedingly anxious to relieve themselves of what is, of course, in their small cottages, a

Condition of Pauper Patients on Admission.

Causes of Delay in sending Pauper Patients to Asylum.

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great and positive burden and misfortune; and hence I would infer that, in general, it is on the shoulders of the inspector that blame should rest, if blame there be. The worst cases are often those that come from the remotest localities. We have admitted one or two patients from poorhouses; but this occurs only in such cases as had been detained in them as lunatic, and in which paralysis, or some other serious aggravation of the disease, had occurred.

Warrants.

The patients are received under the warrant of the resident Sheriff of the county. We receive no patients under any warrant, but that of the Sheriff or Sheriff-Substitute of Dumfries. Patients are sent occasionally under the warrant of the Sheriff-Substitute of the Stewartry of Kirkcudbright; but they are ignored by the Sheriff-Substitute of Dumfries, and new warrants are granted by him. There is no exception to this practice, even in the case of dangerous lunatics. We do not receive any patients without the Sheriff's warrant. I may mention that considerable practical difficulty obtains with regard to the admission of patients. The law is, that the documents, including the Sheriff's warrant, should be in my possession previous to the admission of the case; but, in five or six cases out of ten, the patient is in the house, though not formally admitted, before the warrant exists; and, indeed, he may even be in the wards without a warrant, if the friends of the patient come unprovided with a medical certificate. It would be an advantage, doubtless, to have the power of admission without warrant; for, practically, there is a violation of the law at present. Sheriff Trotter is very anxious that we should adhere to the form of law in the matter, but he admits the impossibility of always doing so.

Cases temporarily admitted without Warrant.

Medical Certificates

We require two signatures to our form of medical certificate, though I believe the law of 1815 requires only one. My own signature, or that of my assistant, would not be taken, as we might be supposed to have vested interests in the Asylum; but I am called on by the Sheriff to countersign every certificate, on this ground, that though the certificate of lunacy might be true when it was signed, perhaps several days before, it might not be true on the day of admission. It was Sir Thomas Kirkpatrick who originally demanded, that in every case I should countersign the certificate, testifying to lunacy at the time of admission; and the practice is still adhered to. A medical certificate would not be received, if granted more than seven days previous to admission. I am not aware, however, that there is any provision for limitation of time in the Scotch Act. I think it would be of great importance that medical certificates should state the cause of lunacy, if ascertained.

Countersigned by Physician of Asylum.

Removal of Patients from distant Localities.

When we send for patients to distant places, such as Edinburgh or Glasgow, we have no authority on which we remove them. If a warrant exists, and in many cases it does exist, it is of course

granted by the Sheriff of Dumfries; but I presume it is available only within his own jurisdiction. We get no warrant from the Sheriffs of Edinburgh or Lanark. We get a warrant when the case arrives in Dumfries; or it may be in existence before the arrival of the patient; but it is only applicable within the county. When I say we have no authority to remove the patients from their homes, I mean, of course, no legal authority. We have the authority of the friends, and we have the medical certificate of lunacy. I presume we may thereby be exposed to an action of damages, but the same risk is incurred by the officials of all the other asylums.

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Removed without legal Authority.

We have many voluntary applications for admission; the procedure is the same in such cases. We get a certificate from competent medical men, the Sheriff's warrant, and I add my countersignature. In fact, they are equally regarded as insane individuals, and the whole matter is managed precisely as in ordinary cases. If they presented themselves at the door of the Asylum, I would decline to receive them without going through the necessary forms. I may mention the case of a gentleman who is periodically insane. He comes back to the Asylum of his own accord, generally arriving with his carpet-bag, and he frequently goes back to Dumfries himself, to obtain the medical certificate and warrant. These are not granted on his own petition, but on that of his friends. There is, as usual, the petition of the nearest of kin, the medical certificate, and the Sheriff's warrant; and the individual voluntarily entering the Asylum, does not appear as an active agent in the matter at all. I may mention, also, as it is connected with this subject, that no difference is made in such cases as to treatment. There is no greater liberty given, and we do not let voluntary inmates out again at their own desire. Their walks and amusements are precisely the same, are conducted in the same manner, and are under the same supervision, as those of patients who are brought against their will. There is no doubt it would be of practical benefit to be able to receive voluntary patients, for a limited time, without a warrant.

Voluntary Patients:

Procedure in Reference to them.

Are treated as Ordinary Patients.

Dangerous lunatics are not received into the Asylum pending investigation by the Sheriff. I am sorry to say that in all such cases hitherto, they have been put in jail, where they are often detained for weeks; and this happens even in our own district. I do not know the causes that have led to such prolonged detention, but I am aware that it has occurred. Many lunatics have been detained in jail under circumstances which would have obtained for them ready admission into an asylum. Thus, I have seen furious maniacs, who had committed some breach of law, detained for investigation, of whose insanity there could be no doubt whatever.

Dangerous Lunatics:

Detained in Jail pending Investigation.

I have the entire direction of the treatment of the patients, and I regulate their classification, diet, clothing, occupations, and amusements. I am somewhat limited by the funds at my dis-

Duties as Medical Superintendent.

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posal with regard to amusements; but, virtually, I am allowed to introduce what amusements I can get. So far as religious services are concerned, the directors have always, with my perfect consent, exercised the power of saying what course should be pursued; and within a recent time, they have given *quasi* appointments to additional chaplains, to meet the wants of patients belonging to different communions. With regard to this arrangement, I perfectly concurred,—in fact, had I objected, it would not have been entertained; but I, of course, regulate the mode in which these services are conducted, and the individuals to whom they are applicable.

Religious Services.

Attendants.

I appoint and dismiss the attendants. I have very great difficulty in procuring good attendants. The great mass of men who apply to me are labourers. As regards inducements to remain, they have (except at present, and for the last two years when labour has been highly remunerated) better wages, less work, and otherwise more advantages than they had as ordinary workmen; while they obtain a gradual rise of wages if they remain for a certain length of time, and deport themselves with propriety. There is no regular pension for old servants, though pensions have, in some instances, been given. The better class of men are appointed to attend on the private patients, as an additional inducement to remain. For the ladies we have an educated companion, who gives her services voluntarily; and we have repeatedly received aid from ladies residing in the neighbourhood, acting as companions to the patients. Of course, I am not speaking of the matron or sub-matron, both of whom are educated. We do not admit private servants of patients to the Asylum, unless appointed by ourselves. I would not refuse to admit the friends of private patients, as resident companions to them, if we had sufficient accommodation. The friends or families of patients frequently reside in Dumfries, and make visits daily to them in the Asylum. I would receive a sane sister as companion to an insane sister in the Asylum, if we had accommodation, and the nature of the case permitted it.

Educated Companions to Patients.

Separation of the Sexes.

The male and female wards are strictly separated, so far as locked doors can do so; but they are not so completely apart as they should be, and would be, were the house completed. It is to be a double house, and one half only being built, the result is, that adjoining galleries may be inhabited by different sexes. There are two night watches, one for the male, and another for the female galleries. There is no visiting committee, properly so called, but there is one of the Directors appointed to visit monthly, who gives verbal or written reports as to the state in which he finds matters during his visits. It is right to state that these visits are not very numerous; but there is always one at least once a month; and other visits are more frequently made by certain individuals, whom I have already classified as philanthropic or energetic. They come on all occasions, sometimes attend

Night-watch.

House Visitors.

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our worship, at other times our amusements. Last night, one of the Directors would be present at a concert within the Asylum. They do not, however, at all interfere with our management. There is no record kept, except of the regular monthly visit.

Finance.

There is no special finance committee; the whole affairs of the Institution are brought monthly before the assembled body of Directors and Trustees. There is a committee appointed towards the close of the year to audit the accounts, but there is no finance committee. The Directors fix the rates of payment for pauper patients. The rate hitherto charged has been sufficient to cover the expenses. It is £17 for the privileged parishes, and £22 for the non-privileged. Last year, I am glad to say, there was a surplus on this account of £65; but it is right to say that the pauper house does not pay, and is understood not to pay, any portion of the burden of the salaries of the higher officers—my own for instance, and those of the treasurer and chaplains. The pauper rate would thus be higher, but for the existence of the Crichton Institution. I may remark, however, that the pauper department could be conducted more economically than at present, without much detriment to its usefulness; but I am prevented, for various reasons, from doing so, though some of the Directors are very anxious that we should prove, by practical experiment, the minimum amount at which pauper lunatics could be properly maintained. The general body of Directors, however, opposed every reduction. The above mentioned rates include every outlay; and no charge is made on the parish for clothes, tobacco, or any other extras. I have with me a table which shews the expense of every article, except the proportion of the salaries of the higher officers. The total average outlay for each pauper is £13, 15s. 3d. The following is the table:—

Rates of Payment for Paupers.

Might be lower without much Detriment to Patients.

Average annual Outlay for each Pauper.

Articles.	Cost.	Average per Patient.
Wages,	£461 18 11	£2 6 0
Bread,	643 4 6	2 18 6
Meat,	515 9 6	2 6 10
Butter,	179 18 0	0 16 4
Sugar,	103 16 0	0 9 6
Tea,	61 12 2	0 5 6
Groceries,	205 11 5	0 18 6
Potatoes,	98 12 6	0 9 0
Meal,	137 6 8	0 12 6
Milk,	182 14 1	0 16 6
Medicine,	20 12 8	0 1 10
Ironmongery,	24 16 9	0 2 3
Coals,	216 9 6	0 19 6
Gas,	81 8 8	0 7 6
Leather, &c.,	40 0 0	0 5 0
Total average,		£13 15 3

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I have also with me another table, shewing the income and expenditure of both houses, for 1854-55, and the surplus in each. It is as follows:—

Income and Expenditure of Crichton Institution.

Crichton Institution.

Income, including interest of capital, . .	£8276	8	9
Expenditure, ...	8033	3	5
Surplus,	£243	5	4

Of Southern Counties' Asylum.

Southern Counties' Asylum.

Income, ...	£3829	1	2
Expenditure, ...	3763	15	1
Surplus,	£65	6	1
Total Surplus, ...	£308	11	5

Had it not been for the general fund, which includes interest of unexpended capital, &c., we must have raised the rates of maintenance for paupers last year. In former years, the surplus was somewhat greater. I should think the patients that are most advantageous to the Institution, are those charged £60 and £70 a year. The higher patients are not quite so advantageous. They have half a carriage, which takes away £50; and they have a special servant; and their diet and maintenance are so much more expensive, that I do not think they prove more profitable than patients at lower rates. I have had no complaints from parishes as to the pauper rates being too high. The fact is, that from the rates being so low, I could readily have refilled the house.

Class of Patients that are most advantageous to Asylum.

Removal of Paupers from Asylum before Recovery.

Question.—Have paupers ever been removed from the house, for the sake of economy?

Answer.—One pauper was removed and sent to a workhouse in Aberdeen, but I am not aware of any other.

Question.—Do you remember a case of the name of T——?

Answer.—Yes; that is two years ago. The man was removed from our Asylum; I do not know from what cause, but he ought not to have been removed. That was a case I had in my mind when I spoke of cases in which, in opposition to the opinion expressed by me, the Board of Supervision dispensed with a lunatic being in an asylum. I know nothing of his after history.*

Relation of Payments to Means of Patients.

Question.—Do you happen to know if the payments on account of private patients, are generally in adequate relation to their means?

* Vide *ante*, p. 183.

Answer.—No, they are not; a great proportion of them could afford far higher payments. In England more would be charged; and were the patients under the Lord Chancellor, more would be awarded. Appendix M. No. 35. Dr. W. A. F. Browne. 12th June 1856.

Question.—Would it be for their benefit that larger payments were made; that is—are they in a condition to benefit by a larger expenditure?

Answer.—It would decidedly be for the benefit of the Institution, but I cannot conceive that the patients would be benefited by the payment of a higher rate. You might no doubt multiply luxuries. Instead of part of a carriage, you might give them exclusive right to one, as one gentleman has; and there might be another servant added—I mean a servant for luxury—for, if another attendant be required for safety, we give it independently of the amount of payment. We have cases of gentlemen paying only £350, who, to my knowledge, have incomes of £5000, £6000, or £7000, and in one case, £15,000 a year. There is, of course, a great disproportion here between income and expenditure. I do not, however, think that the interests of the patients suffer from paying only £350. Some of those who pay £60 or £70, are persons who could quite well pay £200 or £300. I do not, however, know that this increased expenditure would be of benefit to them, for I look on the patients in a gallery as better off than the higher patients. They have already as many privileges as possible, and they have the advantage of society, which the higher patients might indeed get, but which they do not take. Result of high Payments.

The visits made by the Sheriff to the Asylum are very numerous, Sheriff Napier visits officially three or four times a year, and spends the day with us. Sheriff Trotter makes the usual statutory visits, and also frequently visits us in an official capacity, whenever he is called upon to do so. He does a great deal more than his mere statutory duties. The Sheriff is never accompanied by medical inspectors, not even at the half-yearly statutory visits. Mr. Napier is frequently accompanied by other gentlemen, who are generally, I rather think, members of the bar. The object of the Sheriff's visits are, I understand, to ascertain if any one is illegally confined; and to see if the complaints by patients daily made to him, or to their friends, have any real foundation. To make inquiry, also, as to the way in which they are kept, and as to the use of coercion, lest any undue cruelty or harshness should be used—in fact, to see as to the general observance of the laws affecting lunatics. Visits by Sheriff. No Visits by Medical Inspectors. Object of Sheriff's Visits.

Question.—Does the Sheriff ever interfere to dismiss patients, or to exercise any official authority? Dismissal of Patients by Sheriff.

Answer.—He has dismissed patients in opposition to the wishes of relatives; but with one exception, never proposed to do so in opposition to my opinion. This case is still pending, and dismission

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has not yet taken place; but the difference of opinion amounts merely to this, that I conceive the individual would be better in an asylum, and the Sheriff conceives he has a right to be out of it. The Sheriff never interferes in the management of the house, though he visits the whole house and sees every person in it. He may not perhaps see some of the inmates who are out working, or engaged in out-door amusements, or are absent on excursions. There is no record kept of his visits; he formerly used to sign my register book; but I do not think he has done so for many years.

No Record of Sheriff's Visits.

Visits by Inspectors of Poor.

We sometimes have visits from inspectors of poor. They come to look after patients sent by them. Some of them are very faithful in the discharge of this duty, especially the inspector of Kilmarnock, from which town we receive a number of patients. These, however, are exceptional cases; and as an instance of the little care which is sometimes taken, I may mention the case of an inspector who came from another district of Ayrshire to visit some patients, and who, on reaching Dumfries, found he had forgotten their names, and was very doubtful of their identity.

Visits by Justices and other Officials.

There are no official visits made by justices. The only other official visits we have are from the parochial board of Dumfries. The clergyman of the parish has a right to visit, but he takes very little interest in the Institution.

Visits by Relatives of Pauper Patients.

We have not many visits from the friends of pauper patients—not so many, at least, as to be a ground of complaint or annoyance to the house. In many cases the patients seem to be utterly forgotten. Their friends are admitted whenever they apply, unless there are special reasons to prevent them. I allow all individuals to see their friends, or their wards, in the Asylum, if, after a statement of their condition and an advice from me, they say they must see them. The patients may be visited at all times by their friends, but the hour from twelve to one is recommended. I am not aware of any complaints from friends of patients who are from distant parishes, as to the distance of the Asylum from their homes. Of course, we have more visits from the friends of patients living near at hand.

Construction of Asylums.

Question.—Have you any particular views as to the construction of an asylum, as far as galleries, dormitories, or single rooms are concerned—is there any standard of proportion between them which you consider advisable?

Proportion of single Rooms and Dormitories.

Answer.—Dormitories should certainly furnish the largest proportion of accommodation in an asylum for the indigent classes. The proportion of single rooms I should think absolutely necessary, would be one-fifth. Perhaps a larger proportion would be convenient, to accommodate such cases as desire privacy and could be safely trusted—cases in which privacy, without isolation or seclusion, would be a benefit. To provide for all these cases, you might give nearly two-fifths, or a somewhat less proportion of single rooms. As to the size of dormitories, I think they should always contain the same number of individuals as are

committed to the charge of one attendant during the day, and that number should never exceed thirteen or fourteen. However small the dormitory, there ought to be an attendant in every one; but, of course, the smaller you make the dormitory, the greater would be the difficulty of providing due attendance. I would consider leaving a dormitory, containing 15 or 20 patients, without an attendant, to be an imprudent if not a dangerous proceeding.

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The attendants have daily two hours' complete remission from duty—there is always a surplus to allow of this. The proportion of attendants for excited cases is of course greater than that above alluded to, which applies to chronic, convalescent, and non-excited cases. There is no complaint on the part of the attendants of over-work. From 8 to 10 at night, the hours at which the attendants are generally off duty, one remains in the wards—not in the dormitories, but in the passages. Where there is a night-watch, the difficulties and dangers of treatment are very much diminished. Even the possible presence of an attendant prevents disturbance. The galleries need not be larger than the dormitories, though it would be more economical to make one gallery serve for several dormitories. A gallery should not contain, as a maximum, more than from 24 to 28 or 30 patients, with two attendants. Galleries with 60 or 70 patients may be economical, but there are limits to economy which cannot with propriety be disregarded. For due superintendence and care they should be much smaller. Galleries with 50, 60, or 70 patients, are cumbrous, and in the case of any disturbance or excitement, or even with the ordinary habits of the patients, are unmanageable, unless the attendants are multiplied beyond the limit which we have assigned to them. These observations apply to pauper asylums. In addition to these objections to large galleries, there is the difficulty of classification; for, even when selecting from large numbers, and with the advantages of small galleries, you cannot sufficiently classify the patients.

Proportion of Attendants to Patients.

Advantages of Night-watch.

Proper Size of Galleries.

We have not, for many years, made use of any means of mechanical restraint, except at the time of feeding, when the individual is placed in a chair constructed for the purpose, and restraint is applied to prevent any motion of the body during the introduction of the food.

Restraint.

Question.—To what amount is seclusion used?

Seclusion.

Answer.—We keep a book of the amount, but really I cannot say. It is very rarely used.

Question.—Are there any patients in seclusion at present?

Answer.—Yesterday there was an individual in seclusion, who is frequently so for several hours each day, and for nearly a fortnight together. He is perhaps the most violent patient in Great Britain. At least, I have the authority of an eminent medical man, under whose care he formerly was, for saying so. He is a most formidable furious man, very sudden and impulsive. We

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have two attendants for him. He is not a pauper. There was no patient in seclusion in the Southern Counties' Asylum yesterday, where the number of patients is 210. Sometimes weeks may elapse without any one being placed in seclusion. For the last three months, perhaps, the person of whom I have spoken has been daily in seclusion for an hour or two. I object to mechanical restraint, except when applied to such purposes as I have referred to, or to enable remedial measures to be carried into effect. In case of mere ferocity, I do not think it should be had recourse to.

Cases where Restraint is justifiable.

Question.—In the case of a person requiring constant seclusion, do you think it better to apply the strait-waistcoat, than to keep him in seclusion?

Answer.—I would rather employ some modification of restraint, and give him exercise. I conceive restraint perfectly justifiable in cases where I have applied it; for instance, among others, to an individual affected with *prolapsus uteri*, and to another with fracture. I may mention the case of a man who came to the house with his thigh-bone fractured, and who, even with a long splint, got up and walked, and struggled with the two men in charge of him. Here, we of course applied restraint.

Management of violent and destructive Cases.

Question.—How do you manage, in the case you first mentioned, to give the patient exercise?

Answer.—By two men taking him out during that part of the day when he is less violent. We have never had patients to whom we could not give exercise, in consequence of violence, nor have we ever had a case requiring absolute and prolonged seclusion from sheer violence. In some cases we have had difficulty in using seclusion. Last year we had a gentleman labouring under suicidal melancholia, who had to be held constantly by the arm, and the hand of his attendant passed through part of his dress. We have never had patients whom we found it impossible to keep clothed. I may

Canvas Dresses.

mention that the invention of canvas dresses has done away with the necessity of restraint in almost all such cases. It is a cheaper mode of restraint, for the instruments were very expensive, while a canvas dress does not cost above 10s. 6d. for a man, and 13s. for a woman. We sometimes have patients who sleep naked, but

Patients who sleep naked.

this is simply for the purpose of making them more comfortable, —not that we deny them shirts. We have not above two at this moment who sleep naked. In one case, the necessity arises from a propensity in the patient to eat all tearable materials. Such patients have quilted coverlets, and quilted sheets which they cannot tear. In other cases, cleanliness is the cause. None of our patients sleep on loose straw, nor on straw bags, but all have mattresses or canvas stretchers. The canvas stretcher is used for patients of dirty habits; we have no trough beds.

Patients of dirty Habits.

I should say there are perhaps ten per cent. of the patients of dirty habits, or disposed to be so, including every modification of filthy habits; and the proportion is as great among the higher

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classes as among the paupers. I do not find that the canvas stretchers cause rheumatism. At present, these patients have sheets under them, but in winter they have always blankets between the stretcher and their body. When it is only occasionally that they wet the bed, they have a thin mattress. When I speak of ten per cent., I speak of those who would wet their beds were they not raised by the night-watch,—who wet their beds occasionally, and who do so from infirmity. I should say that of those who are of dirty habits, about one-half would wet their beds, if they were not raised at certain hours by the night-watch. By the care and vigilance of the attendants, the proportion of patients of dirty habits is greatly reduced. We have, however, patients who have these habits so established when they come, that it is utterly impossible to eradicate them. Where the cases are received early, and even where they are incurable, they are very susceptible of assuming habits of action, though not of thought; but cases that have become chronic are less easily dealt with. A better diet, medical treatment, and more vigorous tone of health, greatly conduce to cleanliness with the large majority.

Reduction of their Number by Vigilance of Attendants.

Advantages of early Admission.

We have separate airing-courts for refractory cases. In the Crichton Institution there are nine airing-courts, of which only two are used by the patients generally, and never by refractory patients. There are two airing-courts in the Southern Counties' Asylum, which are used for refractory patients only, all the others being engaged in work during the day. There is only one patient in the Crichton Institution who never goes beyond the airing-courts,—of course I am not speaking of cases of infirmity, or patients confined to bed. The case I allude to, is that of a patient who has a tendency to strip himself, and to expose his person; so that he cannot be taken beyond the airing-courts. In the Southern Counties' Asylum, I believe there is not a patient who does not daily enter the grounds. The airing-courts of the Southern Counties' Asylum are, as yet, much fewer in number than they will be when the building is completed. It is well to have a greater number of airing-grounds than merely one for each sex, for there occur cases of feeble and infirm individuals, whom you would not wish to go often into the general grounds, but for whom it would be an admirable arrangement to have a small garden or airing-ground, apart from the airing-courts of the refractory patients. I think, therefore, there should be at least four. The Crichton Institution has, no doubt, too many, but it was built at a time when it was thought necessary to have an airing-court for every gallery, and all have been converted into flower-gardens. Of course, a combined asylum for private and pauper patients would require double the number.

Airing-Courts.

Patients who are never beyond Airing-courts.

Proper Number of Airing-courts.

With regard to the occupations for private patients in the Crichton Institution, we have at present a party of twelve gentlemen who trench and dig. We would have no difficulty in getting

Occupations for Private Patients.

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Manual Labour.

them to work, if we could give each of them a portion of ground to himself; but we have some difficulty in employing a larger number than that I have mentioned in this way. We think, however, that under the circumstances, we have been tolerably successful. Out of 120 patients in the house, there are perhaps 70 males; and twelve out of that number is a considerable proportion to be induced to engage in such employment. I find no difficulty in getting them to employ themselves in mechanical labour, because they are gentlemen. Indeed, many of the convalescents are volunteers for the work, for health's sake. We have also a party, generally of five or six, engaged in writing for three or four hours in the evenings, copying out the cases. We have also fishing, excursion, bowling, quoiting, and billiard parties. There is no inducement needed to get the patients to engage in these games, beyond the excitement of winning. They have sometimes medals as prizes; but these are inducements even to sane individuals. There are no pecuniary or other inducements of a similar kind, to stimulate them to engage in writing or amanuensis work. The patients receive no remuneration; and, indeed, from their social position, no offer of this kind could be made to them. As to the ladies, they are usefully employed in sewing for charitable purposes. They work a great deal for the poor, for ragged schools, blanket societies, flannel societies, &c. We have occasionally a bazaar, containing articles of their manufacture, which are sold to visitors; and the proceeds go to make up any deficiency in my amusement fund, of which I have already spoken. Our most profitable source for this purpose, however, is perhaps the "New Moon"—our newspaper, which has had for years a circulation of several hundreds. We print it in the house, and there is no outlay, but for paper, ink, &c.

Other Occupations and Amusements.

Occupations for Ladies.

Asylum Newspaper.

Occupations for Male Paupers.

Patients' Labour as a Source of Profit.

The male paupers are chiefly employed in garden labour. We have also tailors and shoemakers, and two joiners. At present, we have sufficient employment for our labouring paupers, except in the very depth of winter. I think it exceedingly probable, if we had a larger quantity of land, that we could reduce the charge for our paupers by the proceeds of their labour. I am strongly of opinion, however, that the cheaper way is to get everything by contract, even vegetables and potatoes. Setting aside the employment of the patients as a remedial measure, I am sure that would be a much more satisfactory mode.

Farm: Question of Profit and Loss on Cultivation.

Question.—Have you ever considered what extent of land you could cultivate, say with an asylum containing 300 paupers?

Answer.—No, I am not altogether competent to give an opinion. I think, *quoad* their health, and for moral effects, there ought to be a farm of from 60 to 100 acres; but as to whether this would prove remunerative as a farm, I have made no calculations. It is difficult to say whether there is profit or loss on the cultivation we now undertake, though it is all gain in one sense,

for we pay nothing for labour. So far as potatoes and house vegetables are concerned, there is doubtless gain, for the manure is supplied by ourselves, and the labour by ourselves. For the pauper patients I consider these means of occupation of great importance. Of course, when I say there is gain, I am putting out of view those allowances that are given as inducements and rewards. Our tobacco account, for instance, is £50 a year, and if you deduct that sum from the amount supposed to represent the produce of their labour, it would alter our calculations; but the tobacco is given not as a mere reward, but for remedial purposes as well. We at one time kept cows in the establishment, but we gave them up. The reason for this was, that we found the practice did not answer our expectations. For instance, we had sometimes a surplus quantity of milk which we could not dispose of; and as the cows occupied but a small portion of our labour, while they required a large portion of our land for pasture, we considered it advisable to give them up, and take all our milk on contract. We have pigs, but not fowls. We contract for eggs and fowls. None of the female paupers work in the field; they work in the laundry, and in other female occupations.

Dairy not successful.

Occupations for Female Paupers.

Many of the patients, private as well as pauper, go beyond the bounds of the asylum. The pauper patients go under the charge of attendants, generally on foot, but during the season, they have carriage excursions. They generally go in companies of twelve or fourteen, and sometimes to a distance of ten, twelve, or fourteen miles. There are many patients who go daily beyond the grounds. They also go to theatres and concerts, but much more rarely than the private patients, for I have really no means of paying for amusements for them.

Excursions beyond Bounds: By Pauper Patients.

The private patients go to concerts and theatres constantly, and attend lectures at the Mechanics' Institute, and all other lectures which may be given in the town. In fact, it is a subject of regret that we have so few of these. We take several houses at the sea-side during the summer. Four ladies and two servants are to leave the asylum for the sea-side to-morrow, and we are about to send away six others. The Sheriff is quite aware of this practice, but not officially, and I have never solicited any permission for it. The patients generally remain within the county—in his jurisdiction. It has never happened that a patient has refused to return to the asylum after an absence of this kind. Those patients whom we send to the sea-side generally belong to the higher ranks, and have their own special attendants.

By Private Patients.

Sea-bathing Quarters.

There are not many theatrical performances in the town, but we have generally twelve or fourteen representations got up by ourselves every year. The patients always take part in the performances, and I make it a rule that one or more of them shall perform in every concert and play. The patients from both houses attend these entertainments. On some occasions, they

Theatrical Performances.

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Balls.

assemble separately, but generally they are together. Visitors are admitted. We have a few balls, but I have objections to them; the excitement is generally much greater than at other amusements, and any agitation or disturbance that may arise is much less easily quelled. Undoubtedly, the sexual feeling is more *prononcé* at these than at other amusements. Visitors are not admitted to the balls. My own family, the Sheriff, and some of the Directors with their families, may be there, but not the friends of the patients. The private and pauper patients meet at balls only on such occasions as Hallowe'en, New Year's Day, Valentine's Day, &c.

Baths.

I should say that certainly every patient in the Southern Counties' Asylum is bathed once a fortnight. A very large number are bathed once a week, and dirty patients every day. There is a constant supply of hot water. Of course, I am speaking of baths for cleanliness, not of those for medical purposes.

Ventilation and Heating.

With regard to the system of ventilation and heating of the house, I have reason to be satisfied when I contrast it with what I hear of other institutions; but when I contrast it with what I think should be the standard of such a system, I am not satisfied.

Of the Crichton Institution.

The principle adopted in the Crichton Institution is that of heating air by passing it over hot iron. It is introduced into the house simply by the difference of gravity between cold and warm air. The latter of course ascends, and its distribution is regulated by dampers. Open windows interfere undoubtedly with the state of the thermometer, but not with the entrance of the air. The difficulty is to keep the heat below the proper standard, for the tendency is to overheating. There are thermometers in every gallery, from the middle of October to April, and the attendants are instructed to take care that the temperature does not fall below 56 degrees, which, I think, should be the minimum. I see it is recorded in St. Luke's that, with the system in operation there, the temperature fell to 33 degrees; but that is a state of matters of which we have no knowledge. When, however, the thermometer rises to 78 or 80 degrees, as it sometimes does with us, it becomes exceedingly uncomfortable.

Of the Southern Counties' Asylum.

In the Southern Counties' Asylum, we use Hadden's modification of Perkin's apparatus,—air passing over tubes containing hot water. We have always a supply of warm air from it; but, with regard to the application of this principle, though it is the system that produces the most equable temperature, there are parts of the house at which we have failed to raise the thermometer to 56 degrees; and variations of temperature occur even in the line of pipe, which we have been unable to rectify, and the cause of which I cannot explain. This system has, I believe, been introduced into the recently built Institution at Brompton; and that of Arnott, which has hitherto been regarded as the best, has been discarded. There is no doubt it would be desirable to get some system of ventilation that would regulate itself, both as to the temperature and the influx of air.

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Diet and Clothing of Pauper Lunatics.

The diet and clothing of the patients in the Southern Counties' Asylum are, I think, quite sufficient. Considering the diet to which they had been accustomed before entering the house, and the general amount of their bodily vigour when there, it is, I think, fully proved that the diet we give them is adequate. I might wish the clothing to be somewhat neater, but, in warmth, it is sufficient. It is certainly quite as good as individuals in the poorer ranks ever possess, and the diet is infinitely better. If the peasant classes in the districts around us have animal food once or twice a week, it is the utmost, and what they get is generally salted. Every day, a large portion of the inmates of the Southern Counties' Asylum have animal food from the left meat of the Crichton Institution. I do not think that more animal food than is given in the Southern Counties' Asylum would be beneficial to the patients; but, whenever it is specially necessary, it is given without limit. Indeed, some of the patients are getting animal food three times a day; but, with regard to the general number, some reference must be had to the usual habits of the individual.

Service of Meals in Southern Counties' Asylum.

In the Southern Counties' Asylum the food is brought from the kitchen in enclosed trucks, along a subterranean railway, to slips, by which it is hoisted up to the galleries, where it is received by the attendants, and distributed to the patients. All animal food is given as hash; we have knives and forks for special cases, but in general the food is taken entirely with spoons. Table-cloths are used. All the workers get beer, whatever the kind of work they perform; even those that but sweep the hearth are allowed 10 oz. of beer. With regard to private patients, all paying less than £100, breakfast and dine in common; but for those who pay £100 and upwards, there is a private parlour, where the table is served. At the officers' table there are covers daily laid for patients who come as visitors.

Meals of Private Patients.

Records.

As to our records, a weekly register is kept; and also a case-book, which is very voluminous. There is, besides, a book for necroscopic observations, but it is meagre, as we are allowed very few examinations. There is a record of all the forms of restraint which are employed, in our weekly register. We do not keep the madhouse register for transmission annually to the Sheriff; but we keep a book which shows the number of cases admitted, the names of the individuals, the dates of admission, the form of disease, and the result of the case. We give notice of every death to the Sheriff within a few hours of its occurrence. This is done simply by order of the Sheriff; I am not aware of any statutory requirement to that effect. The Sheriff usually makes inquiry in cases of sudden death or suicide.

Discharge of Patients.

With regard to the dismissal of patients, the practice is for me to direct their dismissal, with the sanction of the Directors, once a month. I intimate to them that A. B. or C. has been dis-

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Removal of Patients before Recovery.

missed. Before pauper patients are removed, I intimate their recovery to the inspectors, who send for them, or, as is more generally the case, come for them. It is not a common occurrence for patients to be removed against my opinion, but there have been several cases removed, in which I expressed doubt as to the propriety of that step. It has happened seldom hitherto, that pauper patients have been removed to licensed houses, but from some inquiries that have been lately made, I presume there is an intention to remove several patients to workhouses. There is a workhouse in process of erection for parishes in the upper part of the county of Dumfries, to which, I presume, several will be removed. I do not think it a wise measure to remove the patients from asylums to workhouses. I have not yet visited any of the poorhouses in which lunatics are kept, except that of Dumfries.

Patients with Private Parties.

Question.—Are you aware of any cases of nervous patients treated in private houses, such as those of clergymen, or medical men, who ought to be in an asylum?

Answer.—I know a number of such cases that would be infinitely better, and perhaps more economically treated, in an asylum than in a private house. There is a considerable number of such cases in our neighbourhood. I do not insinuate that they will not be well cared for as individuals, and that they will not be properly and humanely treated; but there is no check upon those having charge of them.

Criminal Lunatics.

We have no dangerous or criminal lunatics sent us by the Courts. We have had them, but they are now all removed to Perth. I remember we had one such case, the son of a farmer in Wigtownshire, as a private patient. He had committed a rape, and while with us he made some overtures to females in the Asylum, (I cannot call them assaults), but this might not occur once in five or six years. I would not have objected to keep him. I have no knowledge of the lunatic wards of Perth Prison. I would not refuse to receive criminal lunatics into the Asylum. I do not consider them more dangerous than other patients. They are different in no degree. I can, of course, imagine particular cases of criminality that would be objectionable, but the only difference in general is, that in one case the disease has shown itself in overt acts, while in another it has not done so. I do not think we would require to restrict the liberty of other patients, by receiving persons of this class. *De facto*, many acts that are very properly held to be crimes, are attempted to be committed by patients in an asylum, at all times.

Difference between Criminal and Ordinary Lunatics.

Dipsomaniacs.

We have not many cases from delirium tremens, but we have several cases which may be called dipsomaniacs. We have sometimes cases with us whom we have got into a sound state of mind, whom we would keep longer if we had the power. We have also some who are well, who would not get out if their friends had the power to detain them. No doubt, I can dismiss

them if I like, but it is not easy for a medical man to assume the responsibility of dismissing a patient in the face of the warnings of his family. We have had cases where patients claimed to be dismissed, but the results were very painful. In two cases, where the relatives refused to receive back the patients on recovery, the Sheriff interfered on my representation, and liberated a husband in one case, and a wife in another; but the results were not agreeable, for they were not received by their families. The wife was taken to a house in Perthshire, and whether her case was ameliorated, I do not know. The husband was sent to another asylum, where he remains.

Advisability of prolonged Detention of Dipsomaniacs.

Question.—Would you think it advisable that patients addicted to intemperance, should be sent to an asylum for a certain time, and that the Sheriff should have the power of keeping them there for three or six months certain?

Answer.—I think it would be very beneficial; for the whole hope is that by length of time, old habits may be eradicated, and new ones engrafted. There is no special treatment generally required in such cases. It is only the recovery of a general healthy tone of the system, and a lengthened abstinence, that can make them forget their "wallowing in the mire."

Asylums generally too massive.

With regard to the construction of asylums, I think the buildings are generally too massive. I think they might be much more economically built. The expense of the Southern Counties' Asylum was by estimate, £47 for each patient, and its actual cost £55. I think, however, that it should have been made more complete; but the plan was not mine.

Moral and religious Treatment.

Question.—Do you attach much importance to the moral and religious treatment of the insane?

Answer.—I do; and I hope that with us it is fully attended to.

Chaplains of the Established, English, and Roman Catholic Churches.

In addition to the ordinary chaplain, and with the view of affording, more abundantly, the means of religion to members of different communions, who have frequently to a considerable degree been isolated, extra chaplains,—clergymen of the Church of England and Roman Catholic Church, have recently been appointed, and ready access is given to ministers of other denominations, to visit members of their flocks. Our own chaplain, a clergyman of the Established Church, is non-resident, but he daily visits the patients. The three chaplains I have mentioned are all paid. We have service twice every Sunday, by the chaplains of the Established Church and the Church of England; and we have frequent visits from the Roman Catholic clergyman, but there is no regular Roman Catholic service. We have no daily public prayers in the Asylum; at one time we had, but for reasons, which I need not specify, they were discontinued. We have still, however, in some galleries, a short service,—that is, a chapter of the Bible is read, and grace is said in many of the galleries, not by a clergyman, but by an attendant or by a patient. The chaplain of the Established Church receives £60 a year; the

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Religion of Attendants.

Church of England chaplain £30; and the Roman Catholic chaplain £10. Some of our attendants are Catholics. We had one private patient, a member of the Church of Rome, whose friends made it a *sine qua non* that his attendants should be of that religion. We are also sometimes called upon to provide attendants belonging to the Church of England, for patients of that communion. The Roman Catholic priest has never objected to Protestant attendants being present, while he is ministering to the patients. Of course, with the paupers it could not, on economical grounds, be acceded to, that they should always have attendants of their own religion. It was considered a great concession, and by some a recognition of that religion, when a priest of the Romish faith obtained permission to visit in the house. There has been no attempt at proselytism that I ever heard of. Some of the churches in Dumfries allow my patients to attend on Sunday, but there are others from which they are excluded. We took sittings in the Established Church for six or eight patients, but their presence appeared to disturb the devotions of other parties; and, at the present moment, the only churches to which we have access, are the Free Church, and the Church of England; the others having either positively objected, or having been understood to object to their attendance.

Patients excluded from some Churches in Dumfries.

Question.—Are there any observations which occur to you as to the management of asylums, or as to the administration of the law of lunacy, which you would like to state to the Commissioners?

Suggestions for future Legislation.

Answer.—I am not very competent to offer an opinion, but, I think, it might be well, if the hands of medical men, who have establishments such as mine to conduct, were strengthened by more constant intercourse with some board of superior authority. I am not implying that I feel my position irksome, for I have every reason not only to be satisfied, but most grateful; but still, questions arise in which it would be of great service to have some recognised authority to confer with. Of course, in cases where the position of the medical officer is not so satisfactory as my own, the value of such an authority would be still greater. My intercourse with the Sheriff has been, in all cases, most satisfactory; but the Sheriff does not stand in a position in which he can give counsel, or extend his responsibility, in carrying out any novelty, or in disposing of any difficult case. And, while in my case, nothing could be better than the relationship in which I stand to the Sheriff, for the protection of the Asylum and its inmates, I can understand a very different relationship subsisting. I recollect of an instance in which we were not at one with regard to a certificate, and the difficulty we felt in the matter was extreme. I have heard some of my fellow-labourers in England say, that theirs was not a smooth course in regard to such matters.

I have known cases where the certificate was signed by a

medical man unknown to the Sheriff, and who, therefore, held he was not called upon to grant his warrant. Our Sheriff-Substitute at one time demanded that there should be a certificate, either by a medical man known to him, or that parties acquainted with the medical man should certify to his being properly qualified. Of course, it is a great hardship that, when the friends of a patient come from England to Dumfries duly provided with a medical certificate, they should be necessitated to subject the patient to a new examination on arriving there.

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At the end of the year, we have generally a surplus of income over expenditure in the Crichton Institution. I believe that almost the whole of the Southern Counties' Asylum was built out of this surplus income, and surplus interest on capital; but, for the last year, the surplus income is much less than usual. This is due to the great rise in the price of provisions. Thus, with regard to the year terminating Martinmas 1855, the contracts were all exactly double what they were a few years previous. I have always wished, if it were possible, that the rates of maintenance for paupers should be reduced to the level of those in workhouses. I almost despair of seeing this achieved. The wages of attendants and other sources of outlay prevent us reducing our rates to their level. We did reduce our rates three years ago. We lowered the rate for the privileged counties from £18 to £17.

Surplus Income.

Desire to reduce Pauper Rates.

There is a large number of lunatics unprovided for in these three counties. We do not know where many of them are. In 1831, statistics of lunacy in the three counties were obtained by the Convener, Mr. Leny, when it was found that the number of insane persons amounted to 333. These returns were obtained through the parish clergy, who at that time had the management of the poor; but they were not obtained from all parishes. There is every reason to believe that the number has since increased. The population has certainly increased, while its quality has been deteriorated by the great influx of Irish. I do not, however, so much stigmatize the Irish increment in itself, as the race resulting from the union between the Scotch and Irish, of which we have immense numbers, and which seems to be one of deteriorated quality. But even assuming that the proportion of insane has not increased, we have only about 140 or 150 accounted for, out of the 333. It is estimated that, throughout Scotland, there is accommodation for somewhere about 1600 or 1700 lunatics, while we find that the number of pauper lunatics in the population amounts to 4292.

State of Lunacy in the Three Counties.

Influence of Influx of Irish.

36. Dr. James Simson, F.R.C.S.—Sworn and Examined.

Dr. James Simson. 12th June 1856.

I am surgeon to the prison of Edinburgh. I have held that appointment since 1834. There are a good many lunatics re-

Surgeon to Prison of Edinburgh.

Appendix M. No. 36.

Dr. James Simson. 12th June 1856.

Lunatics in Prison.

Their Nature.

How disposed of.

ceived, from time to time, into that prison. They are persons taken up by the police for offences, and sometimes dangerous lunatics who are detained there till their case is examined into. They are sometimes detained there for weeks, till they are fully examined, and certified as insane. After that, they are sometimes sent to private asylums. If brought before the High Court of Justiciary, and found insane, they are sent to the lunatic department of the General Prison at Perth. Sometimes they are certified as insane, without being brought before the Court, and sent to private asylums. When they are certified, their case is brought before the Sheriff, who examines them and appoints to what asylum they shall be sent. They are sometimes sent to the Royal Asylum at Morningside, pending investigation. We make application to him, being anxious to get quit of them as soon as possible, and he frequently sends them to Morningside. They are now generally detained a much shorter time in the jail than they used to be.

Their Treatment in Prison.

While in jail, we treat them just as we do other cases, excepting that they are never left in separate confinement. We have no proper means of affording them remedial treatment. In the case of violent lunatics we have used the strait-waistcoat. There have been many prisoners sent us suffering from delirium tremens. They generally come in labouring under the disease, but they are just kept as prisoners, and treated as such. They are seldom above two or three days in that state. I have no suggestion to offer as to the treatment of lunatics in prison, excepting that I do not think they should be sent there at all. In my opinion, they ought to be sent at once to a lunatic asylum; and when they become insane after committal to prison, they ought to be removed to an asylum without delay.

Lunatics from Intemperance.

I have lately seen a number of cases both in prison, and in private practice, which have made me anxious to see some modification in the law, as to the mode of dealing with persons whom habits of intemperance have rendered incapable of taking care of themselves, if not insane.

Individual Cases. No. 1.

There is a case, at present in jail, of the wife of a most respectable merchant, with whom a great many remedies have been tried, and who, having got a little violent, was put by her relations under what is called Lawburrows.* She was there eight months, having been convicted of threatening her husband's sister. She was quite aware of what she had done, and professed repentance. She got out, and her husband took a lodging for her in the neighbourhood, but she was as bad as ever the very next day, and the warrant was again put in force against her.

No. 2.

I know, also, of the case of a gentleman highly connected, and who belonged to the army for five or six years; and who, having got into loose habits, was dismissed the service. He came to

* A process in Scottish Law, by which a person, from whom danger is apprehended, is placed under restraint.

Edinburgh, where he had a great number of fits of drinking; I saw him twice under delirium tremens. He was put into confinement, and they were obliged to put the strait-waistcoat on him. On one occasion, he would have killed his keeper, had not another person gone in at the time. After he got better of one of these fits, he agreed to go to Skye. He went there, but disappeared in about a month, came back to Edinburgh, and almost immediately entered on his old courses. I know the case of another gentleman, who is about 70 years of age, who had at one time a very considerable fortune. He was in the army, too, but afterwards got into a very dissipated state. He now lives with his housekeeper. I have known him for three months at a time never sober. His housekeeper, his relations say they believe, is getting quit of his money as fast as she can, and he is living in the utmost indulgence, although he maintains he never takes a drop. I wrote to his relations in the country, lately, and his brother came to see him, but failed in doing any good, it is believed from the influence of the woman. He is still living in that disreputable state; and now the woman has got her husband and two children taken into the house to live with them. Sometimes she gets large sums of money from him. I know the case also of a young man, the heir to an entailed estate, who lives with the lowest of characters, gamekeepers, &c., and is constantly drinking with them. He is to be seen going about the country like a low blackguard. Once or twice he has threatened to destroy his father's life. Now, most of these cases, when sober, are quite well, and as sound in their senses as we are; but some of them tell us they like the drink and can't help it, and that they are unable to control themselves; but at present we can do nothing with them. I know also the case of a man who had got into these habits, and who had got to that state, that he said that were hell-fire between him and the glass, he could not resist the whisky.

Appendix M. No. 36.

Dr. James Simson. 12th June 1856.

No. 3.

No. 4.

No. 5.

With regard to the mode of dealing with these cases, I would propose that you should license houses as private asylums for them, or have a separate part in a lunatic asylum; and that on an application of two relations to the Sheriff, with a certificate by two medical men, that the individual was unfit to conduct his affairs, he should be consigned to such an asylum. I think it quite a reasonable thing to put such persons under restraint; for, there is no doubt, it would both benefit them and benefit society. I would recommend confinement till the individual was certified to be in a fit state to be let loose, and to manage his affairs.

Suggestions as to the Care of such Cases.

Question.—Do you think there is much prospect of reclaiming them?

Prospect of reclaiming them.

Answer.—Some of them you can't, perhaps, reclaim; but if you had power to keep them, it is difficult to say what beneficial effect moral restraint might have. There is no doubt, however, that if you have a blackguard relation going about in a disreput-

Appendix M. No. 36.

Dr. James Simson. 12th June 1856.

Further Suggestions. Additional Cases.

able way, and doing mischief, you would do a positive good to the man himself, as well as to his friends, by confining him. I would recommend a special asylum for the purpose, where there should be wards and detached places, and that you should license people for the purpose; and I have no doubt you would easily get people willing enough to undertake the office. I knew a case some time ago, where the relations came to me asking me for a certificate of insanity. I said to them, had you come a fortnight ago, I could have certified him as insane from drink, but you have come too late, he is not so now. I knew of a gentleman who had a son who got into the most abandoned habits, whose friends were obliged to send him out of the way. The son wrote a most admirable letter of repentance to his father, promising that by the blessing of God he would do so and so. The lad was allowed to come back, but he disappeared again very shortly, and in about three weeks was found in one of the lowest places in Edinburgh. These are all, I think, cases of madness in the true sense of the word, and if they are not dealt with as such, they should be.

Question.—How would you draw the line in such cases?

Proposed Procedure in such Cases.

Answer.—I would take such cases as the friends petitioned about, and I would require two medical men, who were dispassionate in the case, (not the family surgeon), to make a report on it, certifying that the individual was in an unsound state of mind, and incapable of conducting his affairs; and I would then get the Sheriff to make an investigation by two medical men of his own appointment.

Question.—How would you do in the case of paupers?

In Pauper Cases.

Answer.—Let the public authorities petition the Sheriff, if they come to be nuisances. Let the police, the inspector, or any person who has an interest, and who considers them nuisances, make application to the Sheriff. There is no doubt that these parties do a world of mischief to others besides themselves. They reduce their families to poverty, and encourage others to evil courses. I am satisfied that it would be a great benefit to society, to have the power of confining them. At present, they snap their fingers at you, and though threatened to be put into an asylum as insane, they tell you they will be out again in a month. The number of such cases that have come under my knowledge is painfully great.

APPENDIX N.

REGULATIONS for the proper management, &c., of houses kept for the reception, care, or confinement of fatuous or furious persons, or lunatics, in the county of Edinburgh, made by the Sheriff of said county, under the authority of the statute 55th Geo. III. c. 69, § 15., and approved of by the Lords Commissioners of Justiciary. (Commonly called Sheriff Speirs' Regulations.)

Object of Regulations.

That in order to lessen, as far as possible, the use of fetters, and other means of personal coercion of persons confined in houses kept for the reception of lunatics, furious or fatuous persons, in the county of Edinburgh, and generally for the proper management of such houses, the following regulations are hereby enacted,—

As to Number of Cells, or Single Rooms.

1. That any house kept for the reception, and the care or confinement of furious or fatuous persons, or lunatics, in the county of Edinburgh, in which the number of persons confined do not exceed twelve, shall contain at least one cell or apartment of a sufficient size, properly warmed and ventilated, for the more secure confinement, when required, of any such person or persons; and every such house shall contain two, at least, of such cells, where there are more than twelve patients confined therein,—three such cells where there are more than twenty-four such patients,—four such cells where there are more than thirty-six such patients, and so on, in proportion for every twelve patients in addition; provided always, that it shall be in the power of the Sheriff, and Inspector for the time being, of the Royal College of Physicians, where there are four cells in one house, to dispense, by a writing under their hands, with the erection of any additional cells, when, from the character or disposition of the patients, or otherwise, these may not appear necessary.

Situation of Cells.

2. That such cells or apartments shall be removed as far as practicable from the parts of the building occupied by the other patients; provided also, that all questions regarding the sufficiency of such cells, shall be determined by the Sheriff, and the Inspector of the Royal College of Physicians, for the time being, upon the report of an architect or otherwise, as they shall think fit.

Proportion of Attendants.

3. That in every such house there shall be at least one male keeper, where the number of male patients do not exceed twelve,

Appendix N.

and where there are more than twelve patients, there shall be two male keepers,—where more than twenty-four male patients, there shall be three such keepers,—where more than thirty-six male patients, there shall be four such keepers, and so on, in proportion for every twelve male patients in addition; and that there shall be a like number of female keepers for the female patients; provided always, that the master and mistress of the house may, if in the opinion of the Sheriff and inspecting physician they are not incapacitated by age, infirmity, or otherwise, be reckoned as keepers, as regards this regulation.

Airing-grounds.

4. That every such house shall have attached to it, or connected with it, sufficient airing-grounds, one for the male, and another for the female patients, effectually separated from each other, and which airing-grounds shall be respectively surrounded by a wall of sufficient height, to prevent the escape of patients when permitted to be at large, provided that all questions regarding the sufficiency of the airing-grounds, or otherwise, shall be determined by the Sheriff, and Inspector of the Royal College of Physicians, for the time being.

Records of Seclusion.

5. That the keeper of any such house shall enter in the register directed to be kept by the statute 9 Geo. IV. c. 34, § 3, all cases in which a patient has been confined in any of the said cells for a period exceeding twelve hours, together with the reasons for such confinement.

Penalties.

6. That the keepers of any such houses who, from and after the first day of January 1842, shall contravene or fail in the observance of any one of the foresaid regulations, shall be liable in the penalty of Ten Pounds for each offence, to be recovered in the manner directed by the statute 55 Geo. III. c. 69.

7. That these regulations shall not be held to apply to public hospitals.

GRAHAM SPEIRS,
Sheriff of Edinburghshire.

EDINBURGH, 30*th November* 1840.

APPENDIX O.—Returns of Criminal Lunatics.

I.—Numbers of Insane Prisoners, including those committed as "Dangerous Lunatics," under the provisions of 4 and 5 Vict., c. 60, confined in the several Local Prisons in Scotland, for each of the five years preceding 30th June 1856; compiled from Returns received by the General Board of Directors of Prisons, and appended to their Annual Reports to the Secretary of State.

PERIOD.	COMMITTED TO LOCAL PRISONS.*												HOW DISPOSED OF.									
	Committed as "Dangerous Lunatics."		Found by the Court to be Unfit for Trial.		On Trial Found to be Insane.		Became Insane after Conviction.		Other Descriptions. †		Total.		Removed to Lunatic Asylums.		Removed on Account of Insanity, to General Prison at Perth.		Discharged.		In the Local Prisons at end of each Period.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
In the year ended :—																						
30th June 1852, ...	30	7	...	...	1	1	4	2	...	...	35	10	23	5	3	3	8	2	1	...	35	10
„ 1853, ...	29	13	...	...	...	3	9	2	1	...	38	18	22	9	2	2	12	6	2	1	38	18
„ 1854, ...	34	17	...	...	...	...	2	1	...	1	41	19	29	13	3	1	8	4	1	1	41	19
„ 1855, ...	35	11	3	1	2	...	1	...	1	...	42	12	27	9	3	...	7	1	5	2	42	12
„ 1856, ...	52	25	3	...	1	2	3	1	1	...	60	28	48	20	2	1	8	5	2	2	60	28
	180	73	6	1	4	6	19	6	3	1	216	87	149	56	13	7	43	18	11	6	216	87

* This term includes all Prisons, except the General Prison at Perth, which is purely a Convict Prison.
† The nature of these cases cannot be precisely ascertained.

APPENDIX O.—*continued*—

RETURN relative to all Prisoners admitted into the Lunatic Department of the General Prison they were received; the Offences of which they were convicted or accused; the Reasons for

	Date of Admission.		Prison from which conveyed.	Initials of Name.	Age.		By whom Sentenced.	Offence of which Convicted or Accused.	Date of Sent	
					M.	F.				
1	1851	August 13.	Edinburgh.	J. McL.	19	..	High Court of Justiciary.	Theft, and previous conviction.	1850	March
2	..	Sept. 28.	General Prison.	J. S.	23	..	High Court of Justiciary.	Theft, and previous conviction.	..	July 2
3	..	October 9.	Glasgow.	J. M.	22	..	Circuit Court, Glasgow.	Theft, by house-breaking, and previous conviction.	1851	April
4	..	Nov. 1.	Glasgow.	F. W.	19	..	Circuit Court, Glasgow.	Robbery and assault.	..	..
5	..	.. 12.	Glasgow.	P. D.	32	..	Circuit Court, Glasgow.	Theft, and prev. con.	..	..
6	..	.. 20.	Ayr.	A. G.	..	55	Circuit Court, Ayr.	Theft.	..	Sept. 1
7	1852	January 15.	Aberdeen.	C. F. or S.	..	39	Sheriff Court, Aberdeen.	Theft, by house-breaking, and prev. con.	..	Nov. 1
8	..	March 26.	Edinburgh.	P. M.	18	..	High Court of Justiciary.	Theft, and previous conviction.	1852	Marc
9	..	May 14,	Cupar.	J. B.	..	50	Circuit Court, Perth.	Murder.	..	Apri
10	..	.. 17.	Dumfries.	T. M.	17	..	Circuit Court, Dumfries.	Theft, by house-breaking.	..	..
11	..	August 26.	General Prison.	J. R.	19	..	Circuit Court, Glasgow.	Theft, by house-breaking, and previous conviction.	1851	..
12	..	.. 28.	Dundee.	J. N.	26	..	Circuit Court, Perth.	Theft, and prev. con.	1850	..
13	..	October 12.	Selkirk.	J. J. or S.	..	35	Circuit Court, Jedburgh.	Murder.	1852	Sept
14	..	Dec. 4.	Stirling.	J. R.	50	..	Circuit Court, Stirling.	Theft.	..	...
15	..	..	Do.	W. P.	20	..	Circuit Court, Stirling.	Theft, and prev. con.	1849	Ap
*16	..	.. 15.	Paisley.	C. P.	..	17	Sheriff Court, Greenock.	Theft, and prev. con.	1852	No
17	1853	March 18.	Do.	J. D. S.	24	..	Circuit Court, Glasgow.	Murder.	1853	Jan
18	..	October 28.	Aberdeen.	C. M'C.	..	18	Circuit Court, Aberdeen.	Robbery.	..	Ap
19	..	Nov. 7.	Stirling.	R. H.	40	..	Sheriff Court, Stirling.	Theft, and previous conviction.	..	Au
20	1854	January 20.	Dumbarton.	D. C.	26	..	Circuit Court, Glasgow.	Robbery.	..	Oc
*21	..	May 30.	Paisley.	C. P.	..	19	Sheriff Court, Greenock.	Theft.	1854	Ma
22	..	June 29.	General Prison.	G. W. or W.	30	..	Quarterly Sess., Beverley.	Felony.	1853	Ap
23	..	July 22.	Ayr.	H. M'N.	27	..	Circuit Court, Ayr.	Rape.	1854	.
24	1855	January 13.	Forfar.	A. P.	25	..	Sheriff Court, Forfar.	Assault with intent to ravish.	1855	Ja
25	..	Feb. 10.	Inverary.	A. G.	30	..	Sheriff Court, Inverary.	Assault.	..	Fe
26	..	May 2.	Forfar.	G. L. S.	42	..	High Court of Justiciary.	Wilful fire-raising.	..	Ja
27	..	August 21.	Dingwall.	A. M.	..	35	Circuit Court, Inverness.	Murder.	..	A
28	..	October 13.	Cupar.	W. G. T.	35	..	Circuit Court, Perth.	Aggravated assault.	..	O
29	..	Nov. 2.	Perth.	D. R.	19	..	Sheriff Court, Perth.	Malicious mischief.	..	
					21	8				

* Nos 16 and 21 the same prisoner.

RECAPITULATION.

	M.	F.
The 29 prisoners embraced in the above return fall to be disposed of as under:—		
1. Number who were removed from the several local prisons in Scotland to the General Prison, under authority of the Statutes (being Nos. 1, 6, 7, 8, 9, 10, 12, 13, 16, 17, 19, 20, 21, and 23 to 29 inclusive),	13	7
2. Number removed from the Prison of Aberdeen to the General Prison under authority of the Secretary of State (No. 18),	..	1
3. Number transferred from the ordinary cells to the lunatic department of the General Prison by the surgeon, as sanctioned by the Secretary of State (Nos. 2, 11, and 22),	3	..
4. Number removed from the prisons of Glasgow and Stirling under medical certificates authorized by section 12 of 7 and 8 Vict. c. 34, but not included in the returns of such prisoners made by the keepers of these prisons, and who, after full inquiry, were found to be sane, and were returned to the prisons from whence they came, to undergo the remainder of sentence (Nos. 3, 4, 5, 14, and 15),	5	

No II.

at Perth, during the five years ended 30th June 1856; shewing the Prisons from which their Removal to the Lunatic Department; and the Manner of their ultimate Disposal.

Sentence.	Reason for removal to Lunatic Department.	Date of Expiration of Sentence.	How disposed of.	Date.	In General Prison on 30th June 1856.	
					M.	F.
ars' transportion.	Supervening insanity.	1857 March 4.	Removed to Edinburgh to undergo remainder of sentence.	1853 Dec. 23.		
tto.	Ditto.	.. July 23.	Discharged on order of release on license.	1854 March 23.		
ditto.	Ditto.	1861 April 3.	Removed to Glasgow to undergo remainder of sentence, being discovered not to have been insane.	1853 Dec. 1.		
ditto.	Ditto.	1865 .. 24.	Ditto.	.. Dec. 1.		
e ditto.	Ditto.		Ditto.	.. Dec. 1.		
ears' transportion.	Ditto.	1858 Sept. 23.	Died.	1854 June 10.		
months' imisonment.	Ditto.	1852 Nov. 21.	Removed to Aberdeen for liberation on expiry of sentence.	1852 Nov. 15.		
ears' transportion.	Ditto.	1859 March 16.	Removed to Edinburgh to undergo remainder of sentence, having recovered.	1853 January 4.		
trial found have been sane.	Sentence.		In Prison.		..	1
und insane, nd unfit for ial.	Sentence.		Ditto.		1	..
ears' transportion.	Supervening insanity.	1858 April 3.	Re-transferred to Prison as sane, 24th January 1853; removed to Stirling Castle Hulk, Woolwich.	1853 Feb. 16.		
ditto.	Ditto.	1857 .. 25.	In Prison.		1	..
trial found have been sane.	Sentence.		Ditto.		..	1
ears' transportion.	Supervening insanity.	1859 Sept. 16.	Removed to Stirling to undergo remainder of sentence, being found sane.	1853 Dec. 23.		
ditto,	Ditto.	1856 April 17.	Ditto.	.. April 19.		
months' imisonment.	Ditto.	1853 May 23.	Removed to Paisley for liberation on expiry of sentence.	.. May 19.		
fe transportaion.	Ditto.		In Prison.		1	..
years' transortation.	Order of Secretary of State	1863 April 14.	Ditto.		..	1
nonths' imprionment.	Supervening insanity.	1854 February 1	Removed to Stirling for liberation on expiry of sentence.	1854 January 24.		
years' penal rvitude.	Ditto.	1859 October 4.	In Prison.		1	..
nonths' imprionment.	Ditto.	1854 Nov. 31.	Removed to Paisley for liberation on expiry of sentence.	1854 Nov. 24.		
years' penal rvitude.	Ditto.	1857 April 4.	In Prison.		1	..
und insane, nd unfit for ial.	Sentence.		Ditto.		1	..
tto.	Ditto.		Died.	1855 January 25.		
tto.	Ditto.		Died.	1856 April 13.		
trial found have been sane.	Ditto.		In Prison.		1	..
to.	Ditto.		Ditto,		..	1
und insane, nd unfit for ial.	Ditto.		Ditto.		1	..
und insane, nd unfit for ial.	Ditto.		Ditto.		1	..
					9	4

RECAPITULATION.

Summary shewing the disposal of the 29 prisoners:—	M.	F.
1. Recovered, and removed to other prisons to undergo the remainder of sentence,	3	..
2. Found, on full inquiry, not to be insane, and returned to the prisons from whence they came, to undergo the remainder of sentence,	5	..
3. Removed to other prisons for liberation on expiry of sentence,	1	3
4. Discharged on order of release on license,	1	..
5. Died,	2	1
	12	4
6. In custody,	9	4
	21	8

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